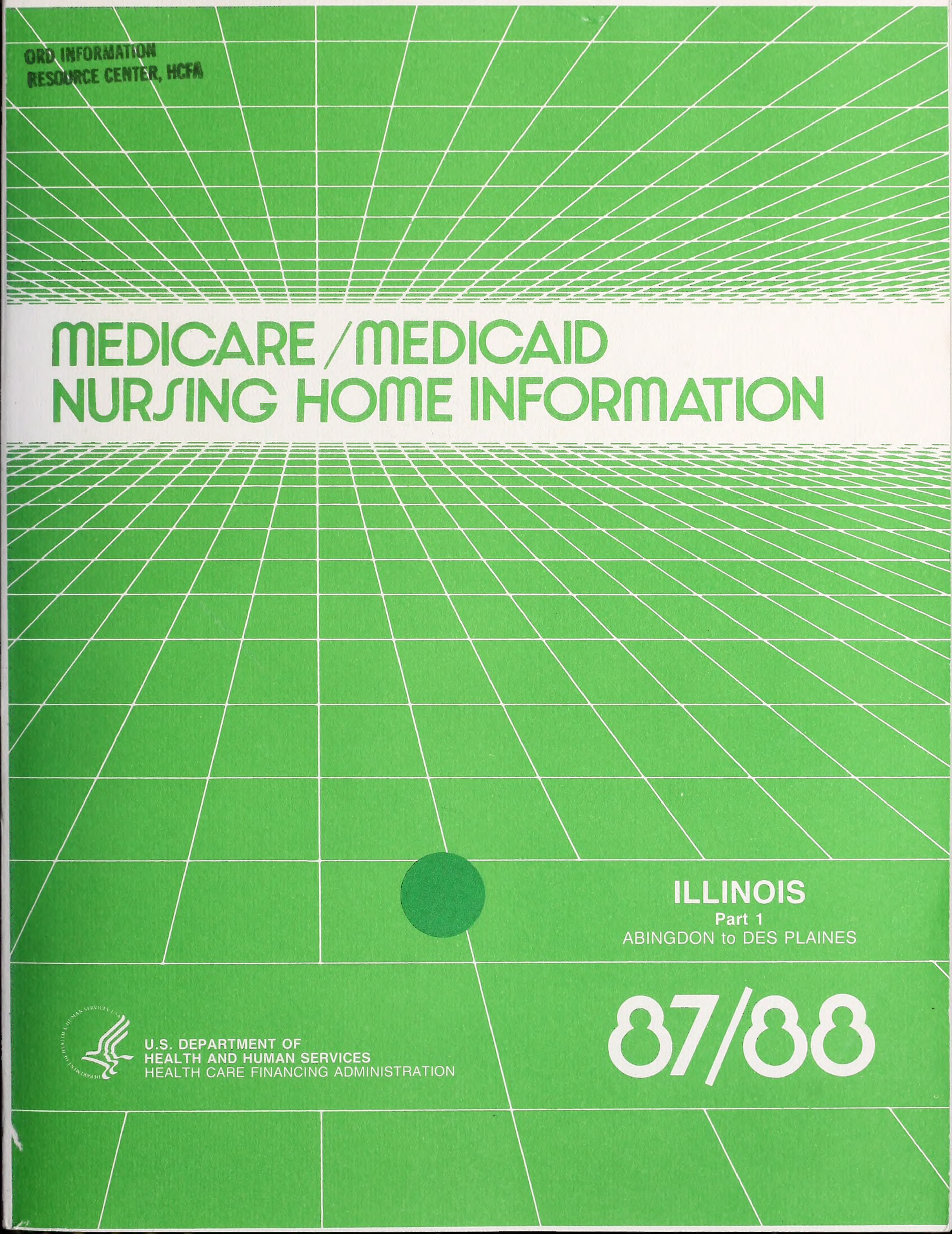

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

ILLINOIS

Part 1
ABINGDON to DES PLAINES

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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1988
Illinois
Pt. 1

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

ILLINOIS

Part 1
ABINGDON TO DES PLAINES

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

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Washington, DC 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

ILLINOIS DEPARTMENT OF
PUBLIC HEALTH
A Healthier Today For A Better Tomorrow
Bernard J. Turnock, M.D., Director

Overview of nursing home licensure program

The Illinois Department of Public Health's Office of Health Regulation, Bureau of Long-Term Care promotes and assures quality care for all residents of licensed long-term care facilities in the state.

The Bureau is comprised of three divisions: Field Operations; Quality Assurance; and Education and Research. These divisions employ registered professional nurses, registered sanitarians, registered Dietitians, architects and qualified mental retardation professionals to assess the quality of care provided to all long-term care facility residents.

Overview of enforcement system

The Division of Long-Term Care Field Operations functions from a central office and from nine regional offices throughout the state. Its primary purpose is to conduct unannounced, on-site licensure surveys of nursing homes, as required by the Nursing Home Care Reform Act, and to respond to all complaints registered with the Nursing Home Central Complaint Registry with on-site inspections. Licensure surveys are conducted prior to initial licensing of the facility and annually thereafter. Complaint investigations are begun within 24 hours for serious allegations and within 30 days for less severe allegations.

The Division of Long-Term Care Quality Assurance reviews all surveys and complaint investigations to ascertain the appropriateness of issuing violations in accordance with the Act.

Follow-up surveys and subsequent reviews are done where indicated and appropriate penalties assessed, in accordance with the Act. Enforcement sanctions include financial penalties dependent on the severity of the violation; imposed plans of correction; and placement of State monitors in facilities. In extreme cases, court-appointed receivers may take over operation of a facility, and/or the State may revoke the owner's license. Minimum Standards, Rules and Regulations are used by all Bureau staff in surveying and reviewing to determine compliance.

The Division of Education and Research is responsible for initial orientation and continued training of all Bureau staff in survey procedures and processes.

535 West Jefferson Street • Room 450 • Springfield, Illinois 62761
100 West Randolph Street • Suite 6-600 • Chicago, Illinois 60601

Resources available to consumers

To obtain information regarding the Illinois Nursing Home Care Reform Act; survey activities and results; and Minimum Standards, Rules and Regulations, consumers may contact the central office:

Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761
Division of LTC Field Operations (217) 785-2629
Division of LTC Quality Assurance (217) 785-5180

OR

Regional Offices:

Region 1 - Rockford
4302 North Main
Rockford, Illinois 61103
(815) 987-7511

Region 2 - Peoria
5415 North University
Peoria, Illinois 61614
(309) 693-5360

Region 3 - Springfield
4500 S. Sixth Street Road
Springfield, Illinois 62704
(217) 786-6882

Region 4 - Edwardsville
Cottonwood Road
Edwardsville, Illinois 62025
(618) 288-5731

Region 5 - Marion
2309 West Main
Marion, Illinois 62959
(618) 997-4371

Region 6 - Champaign
2125 South First Street
Champaign, Illinois 61820
(217) 333-6914

Region 7 - West Chicago
245 W. Roosevelt Road, Bldg. 5
West Chicago, Illinois 60185
(312) 293-6900

Region 8B - Bellwood
4212 West St. Charles Road
Bellwood, Illinois 60104
(312) 544-5300

Region 8C - Chicago
33 East Congress, Suite 425
Chicago, Illinois 60605
(312) 793-3376

For information about the State Ombudsman program, consumers may contact:

Illinois Department of Aging
421 E. Capitol
Fl. 1
Springfield, IL 62701
(217) 785-2870

Illinois Department of Aging
100 W. Randolph St.
Ste. 11-900
Chicago, IL 60601
(312) 917-2630

For information about Medicaid Fraud and Quality of Care programs, consumers may contact:

Illinois Department of Public Aid
Division of Financial Recovery
100 S. Grand
Springfield, IL 62704
(217) 785-7030

The Nursing Home Central Complaint Registry, in operation since 1984 under legislative mandate, creates a central "clearinghouse" to serve all citizens and agencies who express concern and/or complaints about the quality of care provided to residents of long-term care facilities. This hotline is available by toll-free number: (1-800-252-4343) 24-hours-a-day. Persons registering complaints may remain anonymous, and all complaintants are kept confidential.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
CARE CENTER OF ABINGDON

Street Address: 2000 WEST MARTIN STREET	**City and State:** ABINGDON IL 61410

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	80.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	58	85.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	48	70.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	70.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	61.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	30	44.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	47.1	33.8	37.7
Completely bedfast residents.	1	1.5	3.2	3.4
Residents confined to chairs.	38	55.9	48.4	50.8
Residents requiring restraints.	34	50.0	35.7	41.3
Confused or disoriented residents.	39	57.4	53.7	58.4
Residents with bed sores.	4	5.9	8.0	7.1
Residents receiving special skin care.	34	50.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REST HAVEN MANOR INC

Street Address: 120 W MAIN STREET	**City and State:** ALBION IL 62806

Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	66.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	34	70.8	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	27	56.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	60.4	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	47.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	31.3	19.4	29.3
Completely bedfast residents.	2	4.2	0.7	3.6
Residents confined to chairs.	15	31.3	27.6	39.1
Residents requiring restraints.	18	37.5	23.4	31.7
Confused or disoriented residents.	21	43.8	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	10	20.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

'Facility'' column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGETOWN MANOR

Street Address: 3 AVENUE AT 12TH STREET		**City and State:** ALEDO IL 61231	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	84.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	92.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	83.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	59.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	40.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	33	35.1	48.4	50.8
Residents requiring restraints.	52	55.3	35.7	41.3
Confused or disoriented residents.	48	51.1	53.7	58.4
Residents with bed sores.	3	3.2	8.0	7.1
Residents receiving special skin care.	14	14.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MERCER COUNTY NURSING HOME

Street Address: NW 9TH AVE 3RD ST		**City and State:** ALEDO IL 61231	
Participation: MEDICAID ICF	**# of Beds:** 95	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	90.5	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	78	82.1	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	72	75.8	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	77.9	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	71.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	22.1	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	17	17.9	27.6	39.1
Residents requiring restraints.	27	28.4	23.4	31.7
Confused or disoriented residents.	45	47.4	49.8	55.8
Residents with bed sores.	2	2.1	4.0	4.7
Residents receiving special skin care.	10	10.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMPTONS NURSING CARE

Street Address: MAIN AND WARSAW STREETS		**City and State:** ALHAMBRA IL 62001	
Participation: MEDICAID ICF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	4.8	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	53	63.9	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	60	72.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	60.2	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	54.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	37.3	19.4	29.3
Completely bedfast residents.	1	1.2	0.7	3.6
Residents confined to chairs.	40	48.2	27.6	39.1
Residents requiring restraints.	24	28.9	23.4	31.7
Confused or disoriented residents.	30	36.1	49.8	55.8
Residents with bed sores.	2	2.4	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HITZ MEMORIAL HOME

Street Address: BELLE STREET	**City and State:** ALHAMBRA IL 62001

Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	68.2	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	47	71.2	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	43	65.2	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	62.1	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	57.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	30	45.5	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	30.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	43	65.2	27.6	39.1
Residents requiring restraints.	37	56.1	23.4	31.7
Confused or disoriented residents.	29	43.9	49.8	55.8
Residents with bed sores.	5	7.6	4.0	4.7
Residents receiving special skin care.	18	27.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN CARE CENTER

Street Address: U S HIGHWAY 40 WEST	**City and State:** ALTAMONT IL 62411

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	96	NON-PROFIT RELIGIOUS	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	98.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	84	88.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	71	74.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	70.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	58.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	12.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	33.7	33.8	37.7
Completely bedfast residents.	5	5.3	3.2	3.4
Residents confined to chairs.	3	3.2	48.4	50.8
Residents requiring restraints.	34	35.8	35.7	41.3
Confused or disoriented residents.	39	41.1	53.7	58.4
Residents with bed sores.	53	55.8	8.0	7.1
Residents receiving special skin care.	0	0.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALTON MEMORIAL HOSPITAL HATCH SNW

Street Address: ONE MEMORIAL DRIVE		**City and State:** ALTON IL 62002	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 20	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 14	**Medicare Residents:** 12	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	42.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	11	78.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	8	57.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	78.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	28.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	14.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	1	7.1	48.4	50.8
Residents requiring restraints.	4	28.6	35.7	41.3
Confused or disoriented residents.	4	28.6	53.7	58.4
Residents with bed sores.	1	7.1	8.0	7.1
Residents receiving special skin care.	2	14.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELDERCARE OF ALTON

Street Address: 3523 WICKENHAUSER		**City and State:** ALTON IL 62002	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 196	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
182	0	132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	58.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	129	70.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	114	62.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	58.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	115	63.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	104	57.1	33.8	37.7
Completely bedfast residents.	2	1.1	3.2	3.4
Residents confined to chairs.	85	46.7	48.4	50.8
Residents requiring restraints.	84	46.2	35.7	41.3
Confused or disoriented residents.	63	34.6	53.7	58.4
Residents with bed sores.	17	9.3	8.0	7.1
Residents receiving special skin care.	110	60.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EUNICE C SMITH HOME

Street Address:	**City and State:**
1251 COLLEGE AVE	ALTON IL 62002

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	64	NON-PROFIT RELIGIOUS	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	70.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	90.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	80.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	86.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	80.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	41.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	24	40.0	48.4	50.8
Residents requiring restraints.	24	40.0	35.7	41.3
Confused or disoriented residents.	28	46.7	53.7	58.4
Residents with bed sores.	6	10.0	8.0	7.1
Residents receiving special skin care.	37	61.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIFECARE CENTER OF ALTON INC

Street Address: 2349 VIRDEN DRIVE	**City and State:** ALTON IL 62002

Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	43.6	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	20	51.3	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	20	51.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	43.6	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	48.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	5	12.8	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	20.5	19.4	29.3
Completely bedfast residents.	2	5.1	0.7	3.6
Residents confined to chairs.	14	35.9	27.6	39.1
Residents requiring restraints.	5	12.8	23.4	31.7
Confused or disoriented residents.	17	43.6	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANTHONYS HOSPITAL

Street Address: ST ANTHONY WAY		**City and State:** ALTON IL 62002	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	16	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	96.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	24	85.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	21	75.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	85.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	39.3	33.8	37.7
Completely bedfast residents.	2	7.1	3.2	3.4
Residents confined to chairs.	11	39.3	48.4	50.8
Residents requiring restraints.	2	7.1	35.7	41.3
Confused or disoriented residents.	14	50.0	53.7	58.4
Residents with bed sores.	2	7.1	8.0	7.1
Residents receiving special skin care.	3	10.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLESIDE MANOR

Street Address: 15 WEST WASSON ROAD	**City and State:** AMBOY IL 61310

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	53.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	51	63.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	50	61.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	60.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	55.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	17.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	8	9.9	48.4	50.8
Residents requiring restraints.	18	22.2	35.7	41.3
Confused or disoriented residents.	48	59.3	53.7	58.4
Residents with bed sores.	3	3.7	8.0	7.1
Residents receiving special skin care.	15	18.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CITY CARE CENTER

Street Address: RT 1 BRADY MILL ROAD	**City and State:** ANNA IL 62106

Participation: MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	77.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	71.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	49	73.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	67.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	76.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	4.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	29.9	33.8	37.7
Completely bedfast residents.	3	4.5	3.2	3.4
Residents confined to chairs.	30	44.8	48.4	50.8
Residents requiring restraints.	25	37.3	35.7	41.3
Confused or disoriented residents.	36	53.7	53.7	58.4
Residents with bed sores.	3	4.5	8.0	7.1
Residents receiving special skin care.	25	37.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNION COUNTY SKILLED NURSING HOME

Street Address: 517 N MAIN ST	**City and State:** ANNA IL 62906

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** FEDERAL GOVERNMENT	**Survey Date:** 04/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	91.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	53	91.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	54	93.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	93.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	91.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	43.1	33.8	37.7
Completely bedfast residents.	4	6.9	3.2	3.4
Residents confined to chairs.	15	25.9	48.4	50.8
Residents requiring restraints.	48	82.8	35.7	41.3
Confused or disoriented residents.	52	89.7	53.7	58.4
Residents with bed sores.	4	6.9	8.0	7.1
Residents receiving special skin care.	38	65.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WE CARE NURSING FACILITY

Street Address: 422 EAST FOURTH SOUTH STREET	**City and State:** ARCOLA IL 61910

Participation: MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	48.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	54.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	43.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	48.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	36.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	13.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	31	31.0	48.4	50.8
Residents requiring restraints.	21	21.0	35.7	41.3
Confused or disoriented residents.	60	60.0	53.7	58.4
Residents with bed sores.	6	6.0	8.0	7.1
Residents receiving special skin care.	24	24.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTH CARE CTR

Street Address: 715 W CENTRAL RD	**City and State:** ARLINGTON HEIGHTS IL 60005

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	**Medicare Residents:** 0	**Medicaid Residents:** 3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	74.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	59.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	75.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	80.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	61.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	5.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	25.5	33.8	37.7
Completely bedfast residents.	5	3.5	3.2	3.4
Residents confined to chairs.	56	39.7	48.4	50.8
Residents requiring restraints.	58	41.1	35.7	41.3
Confused or disoriented residents.	43	30.5	53.7	58.4
Residents with bed sores.	12	8.5	8.0	7.1
Residents receiving special skin care.	22	15.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME SERVICE FOR THE AGED

Street Address: 800 W OAKTON ST	**City and State:** ARLINGTON HEIGHTS IL 60004

Participation: MEDICAID SNF/ICF	**# of Beds:** 479	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 264	**Medicare Residents:** 0	**Medicaid Residents:** 173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	139	52.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	157	59.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	133	50.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	57.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	153	58.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	27.3	33.8	37.7
Completely bedfast residents.	4	1.5	3.2	3.4
Residents confined to chairs.	111	42.0	48.4	50.8
Residents requiring restraints.	82	31.1	35.7	41.3
Confused or disoriented residents.	103	39.0	53.7	58.4
Residents with bed sores.	15	5.7	8.0	7.1
Residents receiving special skin care.	47	17.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWEST COMMUNITY CONTINUING CRE CTR

Street Address: 901 WEST KIRCHOFF ROAD		**City and State:** ARLINGTON HEIGHTS IL 60005	
Participation: MEDICARE SNF	**# of Beds:** 200	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 186	**Medicare Residents:** 24	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	177	95.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	160	86.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	152	81.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	81.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	16	8.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	40.9	33.8	37.7
Completely bedfast residents.	12	6.5	3.2	3.4
Residents confined to chairs.	84	45.2	48.4	50.8
Residents requiring restraints.	78	41.9	35.7	41.3
Confused or disoriented residents.	134	72.0	53.7	58.4
Residents with bed sores.	14	7.5	8.0	7.1
Residents receiving special skin care.	102	54.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARTHUR HOME

Street Address: 423 EBERHARDT DR	**City and State:** ARTHUR IL 61911

Participation: MEDICAID SNF/ICF	**# of Beds:** 69	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	86.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	66	97.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	55	80.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	75.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	73.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	42	61.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	26.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	20	29.4	48.4	50.8
Residents requiring restraints.	29	42.6	35.7	41.3
Confused or disoriented residents.	32	47.1	53.7	58.4
Residents with bed sores.	3	4.4	8.0	7.1
Residents receiving special skin care.	42	61.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASTORIA CARE CTR

Street Address: 1008 E BROADWAY		**City and State:** ASTORIA IL 61501	
Participation: MEDICAID ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	43.8	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	50	78.1	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	46	71.9	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	71.9	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	92.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	25	39.1	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	26.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	23	35.9	27.6	39.1
Residents requiring restraints.	35	54.7	23.4	31.7
Confused or disoriented residents.	43	67.2	49.8	55.8
Residents with bed sores.	7	10.9	4.0	4.7
Residents receiving special skin care.	19	29.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARTMANN NURSING HOME

Street Address: R R 1	**City and State:** ATLANTA IL 61723

Participation: MEDICAID ICF	**# of Beds:** 97	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	98.3	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	50	83.3	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	44	73.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	83.3	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	70.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.3	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	15.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	36	60.0	27.6	39.1
Residents requiring restraints.	12	20.0	23.4	31.7
Confused or disoriented residents.	32	53.3	49.8	55.8
Residents with bed sores.	3	5.0	4.0	4.7
Residents receiving special skin care.	8	13.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKS MEMORIAL HOME

Street Address: 304 MAPLE STREET	**City and State:** AUBURN IL 62615

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	91.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	82.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	86.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	82.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	77.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	11.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	29.9	33.8	37.7
Completely bedfast residents.	2	3.0	3.2	3.4
Residents confined to chairs.	16	23.9	48.4	50.8
Residents requiring restraints.	35	52.2	35.7	41.3
Confused or disoriented residents.	56	83.6	53.7	58.4
Residents with bed sores.	6	9.0	8.0	7.1
Residents receiving special skin care.	12	17.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AURORA MANOR

Street Address:	**City and State:**
1601 N FARNSWORTH AVE	AURORA IL 60505

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	205	PROPRIETARY	02/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
186	1	142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	156	83.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	174	93.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	156	83.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	181	97.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	151	81.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	2.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	25.3	33.8	37.7
Completely bedfast residents.	5	2.7	3.2	3.4
Residents confined to chairs.	148	79.6	48.4	50.8
Residents requiring restraints.	90	48.4	35.7	41.3
Confused or disoriented residents.	85	45.7	53.7	58.4
Residents with bed sores.	8	4.3	8.0	7.1
Residents receiving special skin care.	15	8.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE HEALTHCARE CENTER

Street Address: 2330 WEST GALENA BOULEVARD		**City and State:** AURORA IL 60506	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 207	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 203	**Medicare Residents:** 0	**Medicaid Residents:** 166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	155	76.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	150	73.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	122	60.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	54.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	66.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	23.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	125	61.6	48.4	50.8
Residents requiring restraints.	61	30.0	35.7	41.3
Confused or disoriented residents.	101	49.8	53.7	58.4
Residents with bed sores.	11	5.4	8.0	7.1
Residents receiving special skin care.	112	55.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AVON NURSING HOME

Street Address: PO BOX S	**City and State:** AVON IL 61415

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	73.9	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	38	82.6	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	30	65.2	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	69.6	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	67.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	18	39.1	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	34.8	19.4	29.3
Completely bedfast residents.	14	30.4	0.7	3.6
Residents confined to chairs.	17	37.0	27.6	39.1
Residents requiring restraints.	19	41.3	23.4	31.7
Confused or disoriented residents.	21	45.7	49.8	55.8
Residents with bed sores.	2	4.3	4.0	4.7
Residents receiving special skin care.	11	23.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOVENORS PARK

Street Address: 1420 SOUTH BARRINGTON ROAD		**City and State:** BARRINGTON IL 60010	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	4	4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	84.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	78	70.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	67	60.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	60.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	57.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	17.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	46	41.8	48.4	50.8
Residents requiring restraints.	35	31.8	35.7	41.3
Confused or disoriented residents.	71	64.5	53.7	58.4
Residents with bed sores.	11	10.0	8.0	7.1
Residents receiving special skin care.	35	31.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARRY COMMUNITY CARE CENTER

Street Address: 1313 PRATT ST		**City and State:** BARRY IL 62312	
Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	81.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	63	85.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	60	81.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	78.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	77.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	27.0	33.8	37.7
Completely bedfast residents.	3	4.1	3.2	3.4
Residents confined to chairs.	50	67.6	48.4	50.8
Residents requiring restraints.	51	68.9	35.7	41.3
Confused or disoriented residents.	41	55.4	53.7	58.4
Residents with bed sores.	7	9.5	8.0	7.1
Residents receiving special skin care.	37	50.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MICHEALSEN HEALTH CENTER

Street Address: 831 N BATAVIA AVENUE		**City and State:** BATAVIA IL 60510	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 177	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	1	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	79.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	77.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	69.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	69.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	70.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	50.4	33.8	37.7
Completely bedfast residents.	1	0.8	3.2	3.4
Residents confined to chairs.	33	27.7	48.4	50.8
Residents requiring restraints.	54	45.4	35.7	41.3
Confused or disoriented residents.	84	70.6	53.7	58.4
Residents with bed sores.	10	8.4	8.0	7.1
Residents receiving special skin care.	57	47.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROOSEVELT SQUARE

Street Address: 520 FABYAN PARKWAY	**City and State:** BATAVIA IL 60510

Participation: MEDICAID ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	61.1	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	28	51.9	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	22	40.7	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	48.1	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	31.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	11.1	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	4	7.4	27.6	39.1
Residents requiring restraints.	15	27.8	23.4	31.7
Confused or disoriented residents.	9	16.7	49.8	55.8
Residents with bed sores.	2	3.7	4.0	4.7
Residents receiving special skin care.	10	18.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEARDSTOWN HOSP NURSING CARE CENTER

Street Address: RR #3 BOX 446	**City and State:** BEARDSTOWN IL 62618

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 1	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	53	76.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	63	91.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	59	85.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	76.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	76.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	31.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	20	29.0	48.4	50.8
Residents requiring restraints.	23	33.3	35.7	41.3
Confused or disoriented residents.	40	58.0	53.7	58.4
Residents with bed sores.	2	2.9	8.0	7.1
Residents receiving special skin care.	53	76.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR

Street Address: 1300 GRAND AVE		**City and State:** BEARDSTOWN IL 62618	
Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	87.5	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	25	78.1	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	25	78.1	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	68.8	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	71.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	15.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	11	34.4	27.6	39.1
Residents requiring restraints.	8	25.0	23.4	31.7
Confused or disoriented residents.	14	43.8	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	5	15.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MYERS NURS HME

Street Address: 1501 CANAL ST		**City and State:** BEARDSTOWN IL 62618	
Participation: MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
76	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	85.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	66	86.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	57	75.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	76.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	63.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	34.2	33.8	37.7
Completely bedfast residents.	11	14.5	3.2	3.4
Residents confined to chairs.	46	60.5	48.4	50.8
Residents requiring restraints.	30	39.5	35.7	41.3
Confused or disoriented residents.	44	57.9	53.7	58.4
Residents with bed sores.	3	3.9	8.0	7.1
Residents receiving special skin care.	10	13.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEECHER MEDICAL CENTER

Street Address: 1201 DIXIE HIGHWAY	**City and State:** BEECHER IL 60401

Participation: MEDICARE SNF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 21	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	98.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	93.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	44	72.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	88.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	54.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	29.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	34	55.7	48.4	50.8
Residents requiring restraints.	21	34.4	35.7	41.3
Confused or disoriented residents.	21	34.4	53.7	58.4
Residents with bed sores.	4	6.6	8.0	7.1
Residents receiving special skin care.	20	32.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELLEVILLE NURSING CENTER

Street Address: 900 ROYAL HEIGHTS RD	**City and State:** BELLEVILLE IL 62223

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 234	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 219	**Medicare Residents:** 0	**Medicaid Residents:** 193

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	68.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	61.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	127	58.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	53.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	112	51.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	3.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	15.5	33.8	37.7
Completely bedfast residents.	5	2.3	3.2	3.4
Residents confined to chairs.	94	42.9	48.4	50.8
Residents requiring restraints.	103	47.0	35.7	41.3
Confused or disoriented residents.	110	50.2	53.7	58.4
Residents with bed sores.	21	9.6	8.0	7.1
Residents receiving special skin care.	30	13.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALVIN D JOHNSON

Street Address: 727 NORTH 17TH	**City and State:** BELLEVILLE IL 62221

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 247	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 198	**Medicare Residents:** 0	**Medicaid Residents:** 156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	68.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	128	64.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	64.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	53.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	55.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	30.8	33.8	37.7
Completely bedfast residents.	3	1.5	3.2	3.4
Residents confined to chairs.	78	39.4	48.4	50.8
Residents requiring restraints.	49	24.7	35.7	41.3
Confused or disoriented residents.	76	38.4	53.7	58.4
Residents with bed sores.	19	9.6	8.0	7.1
Residents receiving special skin care.	46	23.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASTLE HAVEN NURSING CENTER

Street Address: 225 CASTELLANO DR		**City and State:** BELLEVILLE IL 62221	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 241	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
200	0	143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	70.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	138	69.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	158	79.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	158	79.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	157	78.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	29	14.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	26.0	33.8	37.7
Completely bedfast residents.	3	1.5	3.2	3.4
Residents confined to chairs.	125	62.5	48.4	50.8
Residents requiring restraints.	102	51.0	35.7	41.3
Confused or disoriented residents.	124	62.0	53.7	58.4
Residents with bed sores.	9	4.5	8.0	7.1
Residents receiving special skin care.	30	15.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUR FOUNTAIN CONVALESCENT CTR

Street Address: 101 S BELT WEST		**City and State:** BELLEVILLE IL 62221	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
147	1	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	147	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	128	87.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	128	87.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	88.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	75.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	21	14.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	35.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	95	64.6	48.4	50.8
Residents requiring restraints.	80	54.4	35.7	41.3
Confused or disoriented residents.	102	69.4	53.7	58.4
Residents with bed sores.	12	8.2	8.0	7.1
Residents receiving special skin care.	69	46.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEMORIAL CONV CENTER

Street Address: 4315 MEMORIAL DR	**City and State:** BELLEVILLE IL 62223

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 29	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	84.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	91	94.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	86	89.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	89.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	46.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	18.8	33.8	37.7
Completely bedfast residents.	3	3.1	3.2	3.4
Residents confined to chairs.	18	18.8	48.4	50.8
Residents requiring restraints.	5	5.2	35.7	41.3
Confused or disoriented residents.	22	22.9	53.7	58.4
Residents with bed sores.	2	2.1	8.0	7.1
Residents receiving special skin care.	6	6.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NOTRE DAME HILLS CONV CENTER

Street Address: 6401 W MAIN ST	**City and State:** BELLEVILLE IL 62223

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 1	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	86.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	98	86.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	112	98.2	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	93.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	85.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	35.1	33.8	37.7
Completely bedfast residents.	3	2.6	3.2	3.4
Residents confined to chairs.	53	46.5	48.4	50.8
Residents requiring restraints.	58	50.9	35.7	41.3
Confused or disoriented residents.	91	79.8	53.7	58.4
Residents with bed sores.	6	5.3	8.0	7.1
Residents receiving special skin care.	45	39.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PAULS HOME THE AGED

Street Address: 1021 WEST E ST		**City and State:** BELLEVILLE IL 62221	
Participation: MEDICAID ICF	**# of Beds:** 175	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
109	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	91.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	103	94.5	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	89	81.7	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	82.6	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	92.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	47	43.1	19.4	29.3
Completely bedfast residents.	1	0.9	0.7	3.6
Residents confined to chairs.	61	56.0	27.6	39.1
Residents requiring restraints.	64	58.7	23.4	31.7
Confused or disoriented residents.	77	70.6	49.8	55.8
Residents with bed sores.	8	7.3	4.0	4.7
Residents receiving special skin care.	15	13.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEIER RETIREMENT HOME

Street Address: 5 GUNDLACH PLACE		**City and State:** BELLEVILLE IL 62221	
Participation: MEDICAID ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	89.1	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	61	66.3	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	50	54.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	59.8	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	55.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	34.8	19.4	29.3
Completely bedfast residents.	1	1.1	0.7	3.6
Residents confined to chairs.	40	43.5	27.6	39.1
Residents requiring restraints.	38	41.3	23.4	31.7
Confused or disoriented residents.	49	53.3	49.8	55.8
Residents with bed sores.	9	9.8	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW MANOR

Street Address: 1701 W 5TH AVE	**City and State:** BELVIDERE IL 61008

Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	97.0	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	62	92.5	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	53	79.1	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	85.1	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	77.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	32.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	30	44.8	27.6	39.1
Residents requiring restraints.	14	20.9	23.4	31.7
Confused or disoriented residents.	45	67.2	49.8	55.8
Residents with bed sores.	3	4.5	4.0	4.7
Residents receiving special skin care.	6	9.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE CREST NURSING HOME

Street Address: 4452 SQUAW PRAIRIE RD	**City and State:** BELVIDERE IL 61008

Participation: MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	92.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	67	88.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	64	84.2	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	86.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	84.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	41	53.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	39.5	33.8	37.7
Completely bedfast residents.	1	1.3	3.2	3.4
Residents confined to chairs.	61	80.3	48.4	50.8
Residents requiring restraints.	36	47.4	35.7	41.3
Confused or disoriented residents.	34	44.7	53.7	58.4
Residents with bed sores.	9	11.8	8.0	7.1
Residents receiving special skin care.	60	78.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWOODS HEALTHCARE CENTRE

Street Address: 2250 SO PEARL ST RD	**City and State:** BELVIDERE IL 61008

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 1	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	62.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	82.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	67.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	77.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	55.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	94	80.3	33.8	37.7
Completely bedfast residents.	2	1.7	3.2	3.4
Residents confined to chairs.	67	57.3	48.4	50.8
Residents requiring restraints.	17	14.5	35.7	41.3
Confused or disoriented residents.	57	48.7	53.7	58.4
Residents with bed sores.	9	7.7	8.0	7.1
Residents receiving special skin care.	35	29.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEMENT MANOR

Street Address: 601 NORTH MORGAN	**City and State:** BEMENT IL 61813

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	80.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	41	68.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	34	56.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	60.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	26.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	31	51.7	48.4	50.8
Residents requiring restraints.	29	48.3	35.7	41.3
Confused or disoriented residents.	33	55.0	53.7	58.4
Residents with bed sores.	4	6.7	8.0	7.1
Residents receiving special skin care.	4	6.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANCHORAGE OF BENSENVILLE HOME SOCIETY

Street Address: 111 E WASHINGTON	**City and State:** BENSENVILLE IL 60106

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 232	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 223	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	205	91.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	65.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	132	59.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	75.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	51.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	76	34.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	22.0	33.8	37.7
Completely bedfast residents.	5	2.2	3.2	3.4
Residents confined to chairs.	107	48.0	48.4	50.8
Residents requiring restraints.	68	30.5	35.7	41.3
Confused or disoriented residents.	115	51.6	53.7	58.4
Residents with bed sores.	3	1.3	8.0	7.1
Residents receiving special skin care.	91	40.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN HOSP-ECF

Street Address: 201 BAILEY LANE	**City and State:** BENTON IL 62812

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 27	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	79.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	60	87.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	60	87.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	87.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	56.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	11.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	26.1	33.8	37.7
Completely bedfast residents.	3	4.3	3.2	3.4
Residents confined to chairs.	16	23.2	48.4	50.8
Residents requiring restraints.	22	31.9	35.7	41.3
Confused or disoriented residents.	29	42.0	53.7	58.4
Residents with bed sores.	6	8.7	8.0	7.1
Residents receiving special skin care.	56	81.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIFECARE CENTER OF BENTON

Street Address: 1409 NORTH MAIN STREET

City and State: BENTON IL 62812

Participation: MEDICAID ICF

# of Beds: 71

Type of Ownership: PROPRIETARY

Survey Date: 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64

Medicare Residents: 0

Medicaid Residents: 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	79.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	65.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	56.3	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	62.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	10	15.6	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	73.4	19.4	29.3
Completely bedfast residents.	4	6.3	0.7	3.6
Residents confined to chairs.	10	15.6	27.6	39.1
Residents requiring restraints.	20	31.3	23.4	31.7
Confused or disoriented residents.	35	54.7	49.8	55.8
Residents with bed sores.	2	3.1	4.0	4.7
Residents receiving special skin care.	2	3.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEVERIN ICF

Street Address: 902 S MCLEANSBORO		**City and State:** BENTON IL 62815	
Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	52.2	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	52	57.8	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	38	42.2	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	38.9	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	45.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	14	15.6	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	16.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	3	3.3	27.6	39.1
Residents requiring restraints.	17	18.9	23.4	31.7
Confused or disoriented residents.	32	35.6	49.8	55.8
Residents with bed sores.	2	2.2	4.0	4.7
Residents receiving special skin care.	28	31.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRFAX HEALTH CARE CENTER

Street Address: 3601 S HARLEM AVE	**City and State:** BERWYN IL 60402

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 6	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	68.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	106	86.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	86	70.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	77.9	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	63.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	31.1	33.8	37.7
Completely bedfast residents.	3	2.5	3.2	3.4
Residents confined to chairs.	81	66.4	48.4	50.8
Residents requiring restraints.	58	47.5	35.7	41.3
Confused or disoriented residents.	59	48.4	53.7	58.4
Residents with bed sores.	10	8.2	8.0	7.1
Residents receiving special skin care.	21	17.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERSHING CONVALESCENT CENTER

Street Address: 3900 SOUTH OAK PARK AVENUE	**City and State:** BERWYN IL 60402

Participation: MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	75.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	38	77.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	37	75.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	65.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	75.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	10	20.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	30.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	24	49.0	48.4	50.8
Residents requiring restraints.	11	22.4	35.7	41.3
Confused or disoriented residents.	9	18.4	53.7	58.4
Residents with bed sores.	2	4.1	8.0	7.1
Residents receiving special skin care.	3	6.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHALTO CARE CENTER

Street Address: 815 S PRAIRIE ST		**City and State:** BETHALTO IL 62010	
Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	51.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	64.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	53.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	57.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	45.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	31	33.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	21.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	36	38.3	27.6	39.1
Residents requiring restraints.	38	40.4	23.4	31.7
Confused or disoriented residents.	42	44.7	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	6.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMINGDALE PAVILION

Street Address: 311 EDGEWATER DRIVE		**City and State:** BLOOMINGDALE IL 60108	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 215	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
205	0	143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	63.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	167	81.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	151	73.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	78.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	151	73.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	73	35.6	33.8	37.7
Completely bedfast residents.	6	2.9	3.2	3.4
Residents confined to chairs.	149	72.7	48.4	50.8
Residents requiring restraints.	102	49.8	35.7	41.3
Confused or disoriented residents.	83	40.5	53.7	58.4
Residents with bed sores.	9	4.4	8.0	7.1
Residents receiving special skin care.	4	2.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARINGTON LIVING CENTER

Street Address: 275 ARMY TRAIL ROAD		**City and State:** BLOOMINGDALE IL 60108	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 207	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 193	**Medicare Residents:** 0	**Medicaid Residents:** 137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	183	94.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	183	94.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	143	74.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	183	94.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	68.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	108	56.0	33.8	37.7
Completely bedfast residents.	21	10.9	3.2	3.4
Residents confined to chairs.	110	57.0	48.4	50.8
Residents requiring restraints.	82	42.5	35.7	41.3
Confused or disoriented residents.	132	68.4	53.7	58.4
Residents with bed sores.	17	8.8	8.0	7.1
Residents receiving special skin care.	17	8.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELAINE BOYD CRECHE NURSING HOME

Street Address: 267 E LAKE ST		**City and State:** BLOOMINGDALE IL 60108	
Participation: MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
102	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	102	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	102	100	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	102	100	33.8	37.7
Completely bedfast residents.	1	1.0	3.2	3.4
Residents confined to chairs.	102	100	48.4	50.8
Residents requiring restraints.	102	100	35.7	41.3
Confused or disoriented residents.	102	100	53.7	58.4
Residents with bed sores.	1	1.0	8.0	7.1
Residents receiving special skin care.	102	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARKLUND CHILDRENS HOME

Street Address: 164 S PRAIRIE AVE		**City and State:** BLOOMINGDALE IL 60108	
Participation: MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	95	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	95	100	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	21	22.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	86.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	92	96.8	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	1	1.1	8.0	7.1
Residents receiving special skin care.	20	21.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMING GROVE CONVALESCENT CENTER

Street Address: 1925 SOUTH MAIN	**City and State:** BLOOMINGTON IL 61701

Participation: MEDICAID SNF/ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	46.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	49	73.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	29	43.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	41.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	32.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	14.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	18	26.9	48.4	50.8
Residents requiring restraints.	14	20.9	35.7	41.3
Confused or disoriented residents.	23	34.3	53.7	58.4
Residents with bed sores.	2	3.0	8.0	7.1
Residents receiving special skin care.	18	26.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOOMINGTON NRSG REHAB CTR

Street Address: 1509 N CALHOUN ST	**City and State:** BLOOMINGTON IL 61701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 2	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	32.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	107	91.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	88	75.2	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	91.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	46.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	52.1	33.8	37.7
Completely bedfast residents.	5	4.3	3.2	3.4
Residents confined to chairs.	69	59.0	48.4	50.8
Residents requiring restraints.	39	33.3	35.7	41.3
Confused or disoriented residents.	95	81.2	53.7	58.4
Residents with bed sores.	9	7.7	8.0	7.1
Residents receiving special skin care.	74	63.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR NURSING HOME

Street Address: 700 E WALNUT		**City and State:** BLOOMINGTON IL 61701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 1	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	88.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	82	91.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	71	78.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	83.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	51.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	51.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	29	32.2	48.4	50.8
Residents requiring restraints.	30	33.3	35.7	41.3
Confused or disoriented residents.	51	56.7	53.7	58.4
Residents with bed sores.	12	13.3	8.0	7.1
Residents receiving special skin care.	12	13.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MENNONITE HOSP-ECF

Street Address: 807 N MAIN ST		**City and State:** BLOOMINGTON IL 61701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	6	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	81.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	69	93.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	64	86.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	83.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	5.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	39.2	33.8	37.7
Completely bedfast residents.	1	1.4	3.2	3.4
Residents confined to chairs.	41	55.4	48.4	50.8
Residents requiring restraints.	6	8.1	35.7	41.3
Confused or disoriented residents.	46	62.2	53.7	58.4
Residents with bed sores.	3	4.1	8.0	7.1
Residents receiving special skin care.	6	8.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTMINSTER VILLAGE

Street Address: 2025 EAST LINCOLN STREET		**City and State:** BLOOMINGTON IL 61701	
Participation: MEDICARE SNF/ICF	**# of Beds:** 78	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	61.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	45	75.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	33	55.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	65.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	85.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	42	70.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	30.0	33.8	37.7
Completely bedfast residents.	2	3.3	3.2	3.4
Residents confined to chairs.	21	35.0	48.4	50.8
Residents requiring restraints.	17	28.3	35.7	41.3
Confused or disoriented residents.	24	40.0	53.7	58.4
Residents with bed sores.	5	8.3	8.0	7.1
Residents receiving special skin care.	9	15.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLUE ISLAND NURSING HOME

Street Address: 2427 W 127TH ST		**City and State:** BLUE ISLAND IL 60406	
Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	63.3	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	19	63.3	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	14	46.7	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	50.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	66.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	6.7	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	76.7	19.4	29.3
Completely bedfast residents.	3	10.0	0.7	3.6
Residents confined to chairs.	10	33.3	27.6	39.1
Residents requiring restraints.	15	50.0	23.4	31.7
Confused or disoriented residents.	24	80.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	15	50.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOURBONNAIS TERRACE

Street Address: 133 MOHAWK DRIVE		**City and State:** BOURBONNAIS IL 60914	
Participation: MEDICAID SNF/ICF	**# of Beds:** 197	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
188	0	173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	6.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	128	68.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	128	68.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	68.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	55.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	19.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	11	5.9	48.4	50.8
Residents requiring restraints.	63	33.5	35.7	41.3
Confused or disoriented residents.	94	50.0	53.7	58.4
Residents with bed sores.	8	4.3	8.0	7.1
Residents receiving special skin care.	77	41.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KANKAKEE TERRACE

Street Address: 100 SOUTH BELLE AIRE		**City and State:** BOURBONNAIS IL 60914	
Participation: MEDICAID ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	0	123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	51.2	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	37	30.1	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	30	24.4	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	50.4	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	24.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	30	24.4	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	19.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	16	13.0	27.6	39.1
Residents requiring restraints.	9	7.3	23.4	31.7
Confused or disoriented residents.	42	34.1	49.8	55.8
Residents with bed sores.	4	3.3	4.0	4.7
Residents receiving special skin care.	21	17.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUR LADY OF VICTORY NH

Street Address: 20 BRIARCLIFF LANE	**City and State:** BOURBONNAIS IL 60914

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 97	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	69.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	65	69.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	58	62.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	62.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	59.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	21	22.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	19.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	53	57.0	48.4	50.8
Residents requiring restraints.	39	41.9	35.7	41.3
Confused or disoriented residents.	39	41.9	53.7	58.4
Residents with bed sores.	4	4.3	8.0	7.1
Residents receiving special skin care.	41	44.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRADLEY ROYALE

Street Address: 650 N KINZIE		**City and State:** BRADLEY IL 60915	
Participation: MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	55.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	72	75.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	71	74.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	72.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	72.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	27.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	69	72.6	48.4	50.8
Residents requiring restraints.	47	49.5	35.7	41.3
Confused or disoriented residents.	56	58.9	53.7	58.4
Residents with bed sores.	5	5.3	8.0	7.1
Residents receiving special skin care.	20	21.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BREESE NURSING HOME

Street Address: 1155 N FIRST ST	**City and State:** BREESE IL 62230

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	95.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	96	80.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	83	69.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	67.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	62.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	31.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	73	61.3	48.4	50.8
Residents requiring restraints.	71	59.7	35.7	41.3
Confused or disoriented residents.	77	64.7	53.7	58.4
Residents with bed sores.	18	15.1	8.0	7.1
Residents receiving special skin care.	26	21.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIDGEPORT HEALTHCARE CENTER

Street Address: 900 E CORPORATION STREET		**City and State:** BRIDGEPORT IL 62417	
Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	75.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	69	78.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	55	62.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	70.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	68.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	13.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	50.0	33.8	37.7
Completely bedfast residents.	4	4.5	3.2	3.4
Residents confined to chairs.	43	48.9	48.4	50.8
Residents requiring restraints.	37	42.0	35.7	41.3
Confused or disoriented residents.	52	59.1	53.7	58.4
Residents with bed sores.	5	5.7	8.0	7.1
Residents receiving special skin care.	4	4.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIDGEPORT HEALTHCARE CENTER

Street Address: 900 E CORPORATION ST	**City and State:** BRIDGEPORT IL 62417

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	71.8	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	76	89.4	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	49	57.6	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	64.7	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	54.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	11	12.9	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	32.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	42	49.4	27.6	39.1
Residents requiring restraints.	29	34.1	23.4	31.7
Confused or disoriented residents.	35	41.2	49.8	55.8
Residents with bed sores.	4	4.7	4.0	4.7
Residents receiving special skin care.	4	4.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIDGEVIEW CONV CENTER

Street Address: 8100 S HARLEM AVE	**City and State:** BRIDGEVIEW IL 60455

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 2	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	80.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	113	82.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	113	82.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	83.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	74.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	5.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	37.2	33.8	37.7
Completely bedfast residents.	15	10.9	3.2	3.4
Residents confined to chairs.	96	70.1	48.4	50.8
Residents requiring restraints.	59	43.1	35.7	41.3
Confused or disoriented residents.	67	48.9	53.7	58.4
Residents with bed sores.	13	9.5	8.0	7.1
Residents receiving special skin care.	43	31.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENTREE NURSING CENTER

Street Address: 8540 SOUTH HARLEM AVENUE	**City and State:** BRIDGEVIEW IL 60455

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 404	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 383	**Medicare Residents:** 4	**Medicaid Residents:** 300

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	272	71.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	301	78.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	266	69.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	237	61.9	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	269	70.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	170	44.4	33.8	37.7
Completely bedfast residents.	43	11.2	3.2	3.4
Residents confined to chairs.	193	50.4	48.4	50.8
Residents requiring restraints.	148	38.6	35.7	41.3
Confused or disoriented residents.	202	52.7	53.7	58.4
Residents with bed sores.	73	19.1	8.0	7.1
Residents receiving special skin care.	165	43.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROBINGS MANOR

Street Address:
502 NORTH MAIN

City and State:
BRIGHTON IL 62012

Participation:
MEDICARE/MEDICAID SNF/ICF

# of Beds:
68

Type of Ownership:
PROPRIETARY

Survey Date:
01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:
62

Medicare Residents:
0

Medicaid Residents:
48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	24.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	72.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	59.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	66.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	62.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	19.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	12.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	13	21.0	48.4	50.8
Residents requiring restraints.	23	37.1	35.7	41.3
Confused or disoriented residents.	52	83.9	53.7	58.4
Residents with bed sores.	4	6.5	8.0	7.1
Residents receiving special skin care.	19	30.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENTWOOD NURSING REHAB CENTER

Street Address: 5432 W 87TH ST	**City and State:** BURBANK IL 60459

Participation: MEDICARE SNF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	8	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	72.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	108	87.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	101	81.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	78.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	70.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	69	55.6	33.8	37.7
Completely bedfast residents.	5	4.0	3.2	3.4
Residents confined to chairs.	91	73.4	48.4	50.8
Residents requiring restraints.	66	53.2	35.7	41.3
Confused or disoriented residents.	67	54.0	53.7	58.4
Residents with bed sores.	41	33.1	8.0	7.1
Residents receiving special skin care.	60	48.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKSIDE GARDENS

Street Address: 5701 W 79TH STREET		**City and State:** BURBANK IL 60459	
Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	26.8	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	53	74.6	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	9	12.7	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	90.1	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	78.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	16.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	34	47.9	27.6	39.1
Residents requiring restraints.	34	47.9	23.4	31.7
Confused or disoriented residents.	38	53.5	49.8	55.8
Residents with bed sores.	4	5.6	4.0	4.7
Residents receiving special skin care.	12	16.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURNHAM TERRACE

Street Address: 14500 SO MANISTEE	**City and State:** BURNHAM IL 60633

Participation: MEDICAID SNF/ICF	**# of Beds:** 309	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 294	**Medicare Residents:** 0	**Medicaid Residents:** 271

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	231	78.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	253	86.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	257	87.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	257	87.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	257	87.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	13	4.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	18.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	223	75.9	48.4	50.8
Residents requiring restraints.	43	14.6	35.7	41.3
Confused or disoriented residents.	128	43.5	53.7	58.4
Residents with bed sores.	23	7.8	8.0	7.1
Residents receiving special skin care.	172	58.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEIGHBORS

Street Address: 811 W 2ND STREET	**City and State:** BYRON IL 61010

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	20.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	77.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	90.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	97.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	90.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	48.9	33.8	37.7
Completely bedfast residents.	2	2.2	3.2	3.4
Residents confined to chairs.	29	31.5	48.4	50.8
Residents requiring restraints.	34	37.0	35.7	41.3
Confused or disoriented residents.	57	62.0	53.7	58.4
Residents with bed sores.	8	8.7	8.0	7.1
Residents receiving special skin care.	19	20.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAHOKIA HEALTH CARE CENTER

Street Address: 2 ANNABLE COURT	**City and State:** CAHOKIA IL 62206

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	50.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	63.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	56.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	75.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	56.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	4.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	15.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	14	31.8	48.4	50.8
Residents requiring restraints.	15	34.1	35.7	41.3
Confused or disoriented residents.	21	47.7	53.7	58.4
Residents with bed sores.	6	13.6	8.0	7.1
Residents receiving special skin care.	5	11.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER BLUFFS OF CAHOKIA

Street Address: 3354 JEROME LANE	**City and State:** CAHOKIA IL 62206

Participation: MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	24.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	87	74.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	66	56.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	44.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	56.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	12.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	54	46.2	48.4	50.8
Residents requiring restraints.	37	31.6	35.7	41.3
Confused or disoriented residents.	94	80.3	53.7	58.4
Residents with bed sores.	4	3.4	8.0	7.1
Residents receiving special skin care.	26	22.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAYSTAR CARE CENTER

Street Address: 2001 CEDAR ST	**City and State:** CAIRO IL 62914

Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	68.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	76.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	37	49.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	81.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	70.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	6.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	12.0	33.8	37.7
Completely bedfast residents.	1	1.3	3.2	3.4
Residents confined to chairs.	41	54.7	48.4	50.8
Residents requiring restraints.	8	10.7	35.7	41.3
Confused or disoriented residents.	50	66.7	53.7	58.4
Residents with bed sores.	12	16.0	8.0	7.1
Residents receiving special skin care.	22	29.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBRIAR MANOR

Street Address: 1101 CEDAR ST	**City and State:** CAIRO IL 62914

Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	58.8	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	27	79.4	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	17	50.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	55.9	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	64.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	26.5	19.4	29.3
Completely bedfast residents.	2	5.9	0.7	3.6
Residents confined to chairs.	8	23.5	27.6	39.1
Residents requiring restraints.	4	11.8	23.4	31.7
Confused or disoriented residents.	34	100	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	11	32.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAHAM HOSP EXTENDED CARE FACILITY

Street Address: 210 W WALNUT ST		**City and State:** CANTON IL 61520	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 10	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	79.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	37	84.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	39	88.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	84.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	56.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	27.3	33.8	37.7
Completely bedfast residents.	2	4.5	3.2	3.4
Residents confined to chairs.	6	13.6	48.4	50.8
Residents requiring restraints.	8	18.2	35.7	41.3
Confused or disoriented residents.	21	47.7	53.7	58.4
Residents with bed sores.	4	9.1	8.0	7.1
Residents receiving special skin care.	12	27.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NURSING CENTER OF CANTON

Street Address: 1675 EAST ASH STREET	**City and State:** CANTON IL 61520

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 194	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 172	**Medicare Residents:** 0	**Medicaid Residents:** 159

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	146	84.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	151	87.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	140	81.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	78.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	76.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	15	8.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	44.2	33.8	37.7
Completely bedfast residents.	3	1.7	3.2	3.4
Residents confined to chairs.	128	74.4	48.4	50.8
Residents requiring restraints.	113	65.7	35.7	41.3
Confused or disoriented residents.	53	30.8	53.7	58.4
Residents with bed sores.	17	9.9	8.0	7.1
Residents receiving special skin care.	28	16.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSET NURSING HOME

Street Address: 129 S 1ST ST	**City and State:** CANTON IL 61520

Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	70.2	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	66	70.2	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	57	60.6	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	70.2	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	57.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	26.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	24	25.5	27.6	39.1
Residents requiring restraints.	21	22.3	23.4	31.7
Confused or disoriented residents.	64	68.1	49.8	55.8
Residents with bed sores.	6	6.4	4.0	4.7
Residents receiving special skin care.	24	25.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4 9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARBONDALE MANOR

Street Address: 500 LEWIS LANE		**City and State:** CARBONDALE IL 62901	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 209	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	77.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	90	75.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	76	63.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	71.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	61.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	20	16.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	26.1	33.8	37.7
Completely bedfast residents.	1	0.8	3.2	3.4
Residents confined to chairs.	58	48.7	48.4	50.8
Residents requiring restraints.	46	38.7	35.7	41.3
Confused or disoriented residents.	62	52.1	53.7	58.4
Residents with bed sores.	7	5.9	8.0	7.1
Residents receiving special skin care.	25	21.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STYREST NURSING HOME

Street Address: ROUTE 4 120 TOWER ROAD	**City and State:** CARBONDALE IL 62901

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 186	**Medicare Residents:** 0	**Medicaid Residents:** 162

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	170	91.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	178	95.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	159	85.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	83.9	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	158	84.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	19	10.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	162	87.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	118	63.4	48.4	50.8
Residents requiring restraints.	146	78.5	35.7	41.3
Confused or disoriented residents.	186	100	53.7	58.4
Residents with bed sores.	8	4.3	8.0	7.1
Residents receiving special skin care.	131	70.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARRY CARE CENTER OF CARLINVILLE

Street Address: 1200 UNIVERSITY AVE		**City and State:** CARLINVILLE IL 62626	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	1	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	74.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	54	69.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	56	71.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	70.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	60.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	23.1	33.8	37.7
Completely bedfast residents.	11	14.1	3.2	3.4
Residents confined to chairs.	27	34.6	48.4	50.8
Residents requiring restraints.	32	41.0	35.7	41.3
Confused or disoriented residents.	46	59.0	53.7	58.4
Residents with bed sores.	3	3.8	8.0	7.1
Residents receiving special skin care.	43	55.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARLINVILLE TERRACE, LTD

Street Address: RR3		**City and State:** CARLINVILLE IL 62626	
Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	75.8	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	21	63.6	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	12	36.4	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	36.4	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	45.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	21.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	3	9.1	27.6	39.1
Residents requiring restraints.	9	27.3	23.4	31.7
Confused or disoriented residents.	21	63.6	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	11	33.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK MANOR

Street Address: 826 N HIGH ST	**City and State:** CARLINVILLE IL 62626

Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	67.6	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	18	48.6	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	17	45.9	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	45.9	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	45.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	14	37.8	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	32.4	19.4	29.3
Completely bedfast residents.	3	8.1	0.7	3.6
Residents confined to chairs.	14	37.8	27.6	39.1
Residents requiring restraints.	14	37.8	23.4	31.7
Confused or disoriented residents.	15	40.5	49.8	55.8
Residents with bed sores.	1	2.7	4.0	4.7
Residents receiving special skin care.	3	8.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSHINE MANOR

Street Address: 751 NORTH OAK	**City and State:** CARLINVILLE IL 62626

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	73.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	69	74.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	54	58.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	51.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	57.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	28.0	33.8	37.7
Completely bedfast residents.	5	5.4	3.2	3.4
Residents confined to chairs.	33	35.5	48.4	50.8
Residents requiring restraints.	14	15.1	35.7	41.3
Confused or disoriented residents.	49	52.7	53.7	58.4
Residents with bed sores.	6	6.5	8.0	7.1
Residents receiving special skin care.	5	5.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARLYLE HEALTHCARE CTR

Street Address: 501 CLINTON	**City and State:** CARLYLE IL 62231

Participation: MEDICAID ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	93.2	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	96	82.1	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	81	69.2	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	81.2	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	68.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	45	38.5	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	23.1	19.4	29.3
Completely bedfast residents.	6	5.1	0.7	3.6
Residents confined to chairs.	73	62.4	27.6	39.1
Residents requiring restraints.	47	40.2	23.4	31.7
Confused or disoriented residents.	67	57.3	49.8	55.8
Residents with bed sores.	2	1.7	4.0	4.7
Residents receiving special skin care.	45	38.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARMI TOWNSHIP HOSP SCU

Street Address: WEBB ST	**City and State:** CARMI IL 62821

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	86.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	76	79.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	74	77.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	79.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	78.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	83	86.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	54	56.3	48.4	50.8
Residents requiring restraints.	55	57.3	35.7	41.3
Confused or disoriented residents.	66	68.8	53.7	58.4
Residents with bed sores.	7	7.3	8.0	7.1
Residents receiving special skin care.	40	41.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WABASH CHRISTIAN RETIREMENT

Street Address: COLLEGE BLVD	**City and State:** CARMI IL 62821

Participation: MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	67.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	114	75.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	91	59.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	65.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	71.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	19.7	33.8	37.7
Completely bedfast residents.	6	3.9	3.2	3.4
Residents confined to chairs.	47	30.9	48.4	50.8
Residents requiring restraints.	45	29.6	35.7	41.3
Confused or disoriented residents.	96	63.2	53.7	58.4
Residents with bed sores.	7	4.6	8.0	7.1
Residents receiving special skin care.	24	15.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARRIER MILLS NURS HOME

Street Address: RT 45 EAST	**City and State:** CARRIER MILLS IL 62917

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	79.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	55	88.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	35	56.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	61.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	83.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	11.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	22.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	20	32.3	48.4	50.8
Residents requiring restraints.	21	33.9	35.7	41.3
Confused or disoriented residents.	28	45.2	53.7	58.4
Residents with bed sores.	7	11.3	8.0	7.1
Residents receiving special skin care.	28	45.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THOMAS H BOYD MEMORIAL HOSPITAL

Street Address: 800 SCHOOL STREET	**City and State:** CARROLLTON IL 62016

Participation: MEDICAID SNF/ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	58.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	16	44.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	22	61.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	72.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	52.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	36.1	33.8	37.7
Completely bedfast residents.	1	2.8	3.2	3.4
Residents confined to chairs.	21	58.3	48.4	50.8
Residents requiring restraints.	11	30.6	35.7	41.3
Confused or disoriented residents.	22	61.1	53.7	58.4
Residents with bed sores.	4	11.1	8.0	7.1
Residents receiving special skin care.	13	36.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HANCOCK COUNTY NURSING HOME

Street Address: SOUTH ADAMS STREET		**City and State:** CARTHAGE IL 62321	
Participation: MEDICAID SNF/ICF	**# of Beds:** 52	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	45	86.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	35	67.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	65.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	55.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	21.2	33.8	37.7
Completely bedfast residents.	3	5.8	3.2	3.4
Residents confined to chairs.	14	26.9	48.4	50.8
Residents requiring restraints.	22	42.3	35.7	41.3
Confused or disoriented residents.	20	38.5	53.7	58.4
Residents with bed sores.	3	5.8	8.0	7.1
Residents receiving special skin care.	17	32.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRCHWOOD NH

Street Address: 100 N E 15TH ST	**City and State:** CASEY IL 62420

Participation: MEDICAID ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	50.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	31	44.9	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	49	71.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	71.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	29.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	1.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	1	1.4	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	23	33.3	49.8	55.8
Residents with bed sores.	2	2.9	4.0	4.7
Residents receiving special skin care.	10	14.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND MANOR INC NURSING CENTER

Street Address: 410 NW THIRD ST	**City and State:** CASEY IL 62420

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 92	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	82.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	64	80.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	58	72.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	87.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	72.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	25	31.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	45.0	33.8	37.7
Completely bedfast residents.	1	1.2	3.2	3.4
Residents confined to chairs.	46	57.5	48.4	50.8
Residents requiring restraints.	44	55.0	35.7	41.3
Confused or disoriented residents.	40	50.0	53.7	58.4
Residents with bed sores.	7	8.7	8.0	7.1
Residents receiving special skin care.	7	8.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASEYVILLE HEALTH CARE CENTER

Street Address: 601 W LINCOLN	**City and State:** CASEYVILLE IL 62232

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
53	3	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	66.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	38	71.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	32	60.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	41.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	49.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	13.2	33.8	37.7
Completely bedfast residents.	1	1.9	3.2	3.4
Residents confined to chairs.	25	47.2	48.4	50.8
Residents requiring restraints.	12	22.6	35.7	41.3
Confused or disoriented residents.	25	47.2	53.7	58.4
Residents with bed sores.	3	5.7	8.0	7.1
Residents receiving special skin care.	25	47.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKSIDE MANOR INC

Street Address: 2000 WEST BROADWAY	**City and State:** CENTRALIA IL 62801

Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	39.5	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	19	44.2	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	18	41.9	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	46.5	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	48.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	15	34.9	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	39.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	3	7.0	27.6	39.1
Residents requiring restraints.	11	25.6	23.4	31.7
Confused or disoriented residents.	31	72.1	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	5	11.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRALIA CARE CENTER

Street Address: 1411 E FRAZIER	**City and State:** CENTRALIA IL 62801

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	51	92.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	45	81.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	39	70.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	69.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	74.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	9.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	18.2	33.8	37.7
Completely bedfast residents.	1	1.8	3.2	3.4
Residents confined to chairs.	39	70.9	48.4	50.8
Residents requiring restraints.	18	32.7	35.7	41.3
Confused or disoriented residents.	30	54.5	53.7	58.4
Residents with bed sores.	11	20.0	8.0	7.1
Residents receiving special skin care.	31	56.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRALIA FIRESIDE HOUSE INC

Street Address: 1030 E MCCORD ST		**City and State:** CENTRALIA IL 62801	
Participation: MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	95.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	86	91.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	69	73.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	71.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	69.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	52.1	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	67	71.3	48.4	50.8
Residents requiring restraints.	50	53.2	35.7	41.3
Confused or disoriented residents.	69	73.4	53.7	58.4
Residents with bed sores.	7	7.4	8.0	7.1
Residents receiving special skin care.	59	62.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDSHIP HOUSE

Street Address: 1000 E MCCORD ST		**City and State:** CENTRALIA IL 62801	
Participation: MEDICAID ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	46.5	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	37	43.0	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	42	48.8	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	40.7	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	32.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	16.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	30	34.9	27.6	39.1
Residents requiring restraints.	11	12.8	23.4	31.7
Confused or disoriented residents.	31	36.0	49.8	55.8
Residents with bed sores.	5	5.8	4.0	4.7
Residents receiving special skin care.	54	62.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WARREN G MURRAY DEVELOPMENTAL CENTER

Street Address: 1717 W BROADWAY		**City and State:** CENTRALIA IL 62801	
Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	57	100	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	100	33.8	37.7
Completely bedfast residents.	3	5.3	3.2	3.4
Residents confined to chairs.	51	89.5	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	57	100	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	6	10.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER

Street Address: 309 EAST SPRINGFIELD	**City and State:** CHAMPAIGN IL 61820

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 2	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	67.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	66	79.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	55	66.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	65.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	51.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	18.1	33.8	37.7
Completely bedfast residents.	5	6.0	3.2	3.4
Residents confined to chairs.	66	79.5	48.4	50.8
Residents requiring restraints.	8	9.6	35.7	41.3
Confused or disoriented residents.	33	39.8	53.7	58.4
Residents with bed sores.	2	2.4	8.0	7.1
Residents receiving special skin care.	48	57.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAMPAIGN CHILDRENS HOME

Street Address: 109 KENWOOD ROAD		**City and State:** CHAMPAIGN IL 61820	
Participation: MEDICAID SNF/ICF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	78	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	78	100	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	98.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	9.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	89.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	77	98.7	48.4	50.8
Residents requiring restraints.	77	98.7	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	1	1.3	8.0	7.1
Residents receiving special skin care.	26	33.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBRIER MANOR

Street Address: 1915 S MATTIS AVE	**City and State:** CHAMPAIGN IL 61820

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	71.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	46	52.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	42	48.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	51.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	57.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	13.8	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	35	40.2	48.4	50.8
Residents requiring restraints.	31	35.6	35.7	41.3
Confused or disoriented residents.	46	52.9	53.7	58.4
Residents with bed sores.	2	2.3	8.0	7.1
Residents receiving special skin care.	14	16.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMBRIDGE COURT MANOR INC

Street Address: 716 18TH STREET		**City and State:** CHARLESTON IL 61920	
Participation: MEDICAID SNF/ICF	**# of Beds:** 139	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
110	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	67.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	73	66.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	58	52.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	49.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	56.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	20.9	33.8	37.7
Completely bedfast residents.	1	0.9	3.2	3.4
Residents confined to chairs.	22	20.0	48.4	50.8
Residents requiring restraints.	23	20.9	35.7	41.3
Confused or disoriented residents.	80	72.7	53.7	58.4
Residents with bed sores.	3	2.7	8.0	7.1
Residents receiving special skin care.	47	42.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHARLESTON MANOR

Street Address: 415 18TH ST		**City and State:** CHARLESTON IL 61920	
Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	80.0	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	46	76.7	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	33	55.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	4	6.7	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	48.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	24	40.0	27.6	39.1
Residents requiring restraints.	20	33.3	23.4	31.7
Confused or disoriented residents.	33	55.0	49.8	55.8
Residents with bed sores.	3	5.0	4.0	4.7
Residents receiving special skin care.	5	8.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLTOP CONVALESCENT CENTER

Street Address: 910 W POLK		**City and State:** CHARLESTON IL 61920	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	43.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	47	63.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	34	45.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	48.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	41.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	10	13.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	13.5	33.8	37.7
Completely bedfast residents.	3	4.1	3.2	3.4
Residents confined to chairs.	30	40.5	48.4	50.8
Residents requiring restraints.	11	14.9	35.7	41.3
Confused or disoriented residents.	18	24.3	53.7	58.4
Residents with bed sores.	3	4.1	8.0	7.1
Residents receiving special skin care.	25	33.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWS MENNONITE HOME

Street Address: RR 1	**City and State:** CHENOA IL 61726

Participation: MEDICAID ICF	**# of Beds:** 142	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	95.1	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	65	63.7	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	50	49.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	70.6	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	54.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	38.2	19.4	29.3
Completely bedfast residents.	1	1.0	0.7	3.6
Residents confined to chairs.	50	49.0	27.6	39.1
Residents requiring restraints.	33	32.4	23.4	31.7
Confused or disoriented residents.	61	59.8	49.8	55.8
Residents with bed sores.	2	2.0	4.0	4.7
Residents receiving special skin care.	60	58.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANNS HEALTHCARE CENTER

Street Address: 770 STATE STREET		**City and State:** CHESTER IL 62233	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	86.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	73	67.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	64	59.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	58.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	56.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	25.9	33.8	37.7
Completely bedfast residents.	1	0.9	3.2	3.4
Residents confined to chairs.	16	14.8	48.4	50.8
Residents requiring restraints.	26	24.1	35.7	41.3
Confused or disoriented residents.	50	46.3	53.7	58.4
Residents with bed sores.	5	4.6	8.0	7.1
Residents receiving special skin care.	32	29.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THREE SPRINGS LODGE

Street Address: RFD 1 BOX 324	**City and State:** CHESTER IL 62233

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	85	PROPRIETARY	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	77.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	49	58.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	46	54.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	60.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	20.2	33.8	37.7
Completely bedfast residents.	2	2.4	3.2	3.4
Residents confined to chairs.	26	31.0	48.4	50.8
Residents requiring restraints.	26	31.0	35.7	41.3
Confused or disoriented residents.	31	36.9	53.7	58.4
Residents with bed sores.	11	13.1	8.0	7.1
Residents receiving special skin care.	19	22.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVIERA MANOR NURSING HOME

Street Address: 490 W 16TH PLACE		**City and State:** CHICAGO HEIGHTS IL 60411	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
180	0	158

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	67.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	124	68.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	90	50.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	42.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	56.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	14	7.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	26.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	49	27.2	48.4	50.8
Residents requiring restraints.	8	4.4	35.7	41.3
Confused or disoriented residents.	142	78.9	53.7	58.4
Residents with bed sores.	10	5.6	8.0	7.1
Residents receiving special skin care.	20	11.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THORNTON HEIGHTS TERRACE, LTD

Street Address: 160 W 10TH ST	**City and State:** CHICAGO HEIGHTS IL 60411

Participation: MEDICAID ICF	**# of Beds:** 222	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 218	**Medicare Residents:** 0	**Medicaid Residents:** 205

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	58.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	96	44.0	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	18	8.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	8.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	18	8.3	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	218	100	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALL AMERICAN NURSING HOME

Street Address: 5448 N BROADWAY		**City and State:** CHICAGO IL 60640	
Participation: MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
138	0	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	90.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	105	76.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	29	21.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	76.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	32.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	18	13.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	18.1	33.8	37.7
Completely bedfast residents.	2	1.4	3.2	3.4
Residents confined to chairs.	25	18.1	48.4	50.8
Residents requiring restraints.	17	12.3	35.7	41.3
Confused or disoriented residents.	100	72.5	53.7	58.4
Residents with bed sores.	1	0.7	8.0	7.1
Residents receiving special skin care.	28	20.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALSHORE HOUSE

Street Address: 2840 W FOSTER		**City and State:** CHICAGO IL 60625	
Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	50.0	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	25	54.3	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	23	50.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	43.5	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	30.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	1	2.2	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	10.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	22	47.8	27.6	39.1
Residents requiring restraints.	15	32.6	23.4	31.7
Confused or disoriented residents.	10	21.7	49.8	55.8
Residents with bed sores.	2	4.3	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMBASSADOR NURSING CENTER

Street Address: 4900 NORTH BERNARD ST	**City and State:** CHICAGO IL 60625

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 175	**Medicare Residents:** 0	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	87.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	133	76.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	132	75.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	56.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	69.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	43.4	33.8	37.7
Completely bedfast residents.	32	18.3	3.2	3.4
Residents confined to chairs.	93	53.1	48.4	50.8
Residents requiring restraints.	97	55.4	35.7	41.3
Confused or disoriented residents.	118	67.4	53.7	58.4
Residents with bed sores.	15	8.6	8.0	7.1
Residents receiving special skin care.	40	22.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMBASSADOR NURSING CENTER, INC.

Street Address: 4900 N BERNARD		**City and State:** CHICAGO IL 60625	
Participation: MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
175	0	132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	153	87.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	133	76.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	112	64.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	56.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	69.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	43.4	33.8	37.7
Completely bedfast residents.	32	18.3	3.2	3.4
Residents confined to chairs.	93	53.1	48.4	50.8
Residents requiring restraints.	97	55.4	35.7	41.3
Confused or disoriented residents.	118	67.4	53.7	58.4
Residents with bed sores.	15	8.6	8.0	7.1
Residents receiving special skin care.	40	22.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUGUSTANA CENTER FOR DD CHILDREN

Street Address: 7464 N SHERIDAN ROAD		**City and State:** CHICAGO IL 60626	
Participation: MEDICAID SNF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
137	0	136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	137	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	135	98.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	98.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	4.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	119	86.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	114	83.2	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	137	100	53.7	58.4
Residents with bed sores.	1	0.7	8.0	7.1
Residents receiving special skin care.	42	30.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALMORAL NURSING CENTER

Street Address: 2055 W BALMORAL AVENUE	**City and State:** CHICAGO IL 60625

Participation: MEDICAID SNF/ICF	**# of Beds:** 213	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 196	**Medicare Residents:** 0	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	42.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	129	65.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	125	63.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	52.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	59.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	40.8	33.8	37.7
Completely bedfast residents.	7	3.6	3.2	3.4
Residents confined to chairs.	89	45.4	48.4	50.8
Residents requiring restraints.	23	11.7	35.7	41.3
Confused or disoriented residents.	107	54.6	53.7	58.4
Residents with bed sores.	11	5.6	8.0	7.1
Residents receiving special skin care.	18	9.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELHAVEN INC

Street Address: 11401 SOUTH OAKLEY		**City and State:** CHICAGO IL 60643	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 230	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
202	8	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	64.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	152	75.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	125	61.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	62.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	111	55.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	17.8	33.8	37.7
Completely bedfast residents.	3	1.5	3.2	3.4
Residents confined to chairs.	112	55.4	48.4	50.8
Residents requiring restraints.	31	15.3	35.7	41.3
Confused or disoriented residents.	85	42.1	53.7	58.4
Residents with bed sores.	20	9.9	8.0	7.1
Residents receiving special skin care.	40	19.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELMONT NURSING HOME

Street Address: 1936 W BELMONT AVE	**City and State:** CHICAGO IL 60657

Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	89.3	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	46	82.1	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	10	17.9	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	25.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	19.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	10	17.9	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	8.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	3	5.4	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	56	100	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	12	21.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHUNE PLAZA

Street Address: 4537 S DREXEL BLVD	**City and State:** CHICAGO IL 60653

Participation: MEDICAID ICF	**# of Beds:** 276	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 264	**Medicare Residents:** 0	**Medicaid Residents:** 249

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	11.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	192	72.7	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	67	25.4	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	17.8	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	14.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	19	7.2	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	11.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	14	5.3	27.6	39.1
Residents requiring restraints.	8	3.0	23.4	31.7
Confused or disoriented residents.	106	40.2	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	13	4.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY NURSING HOME

Street Address: 8001 S WESTERN	**City and State:** CHICAGO IL 60620

Participation: MEDICAID SNF/ICF	**# of Beds:** 328	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 322	**Medicare Residents:** 0	**Medicaid Residents:** 296

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	238	73.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	242	75.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	274	85.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	240	74.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	270	83.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	22	6.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	239	74.2	33.8	37.7
Completely bedfast residents.	2	0.6	3.2	3.4
Residents confined to chairs.	209	64.9	48.4	50.8
Residents requiring restraints.	111	34.5	35.7	41.3
Confused or disoriented residents.	197	61.2	53.7	58.4
Residents with bed sores.	8	2.5	8.0	7.1
Residents receiving special skin care.	48	14.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRCHWOOD PLAZA INC

Street Address: 1426 WEST BIRCHWOOD AVENUE	**City and State:** CHICAGO IL 60626

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 186	**Medicare Residents:** 0	**Medicaid Residents:** 140

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	42.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	158	84.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	146	78.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	75.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	65.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	2.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	37.6	33.8	37.7
Completely bedfast residents.	7	3.8	3.2	3.4
Residents confined to chairs.	73	39.2	48.4	50.8
Residents requiring restraints.	27	14.5	35.7	41.3
Confused or disoriented residents.	72	38.7	53.7	58.4
Residents with bed sores.	9	4.8	8.0	7.1
Residents receiving special skin care.	46	24.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOHEMIAN HOME

Street Address: 5061 NORTH PULASKI ROAD	**City and State:** CHICAGO IL 60630

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	218	NON-PROFIT OTHER	07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
178	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	59.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	109	61.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	79	44.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	53.9	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	42.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	23.0	33.8	37.7
Completely bedfast residents.	2	1.1	3.2	3.4
Residents confined to chairs.	108	60.7	48.4	50.8
Residents requiring restraints.	39	21.9	35.7	41.3
Confused or disoriented residents.	57	32.0	53.7	58.4
Residents with bed sores.	19	10.7	8.0	7.1
Residents receiving special skin care.	32	18.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOULEVARD CARE CENTER

Street Address: 3405 S MICHIGAN AVE		**City and State:** CHICAGO IL 60616	
Participation: MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
150	0	137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	45.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	103	68.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	71	47.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	50.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	47.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	14.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	52	34.7	48.4	50.8
Residents requiring restraints.	24	16.0	35.7	41.3
Confused or disoriented residents.	98	65.3	53.7	58.4
Residents with bed sores.	8	5.3	8.0	7.1
Residents receiving special skin care.	25	16.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIGHTVIEW CARE CENTER

Street Address: 4538 N BEACON		**City and State:** CHICAGO IL 60640	
Participation: MEDICAID SNF/ICF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
136	0	126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	38.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	95	69.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	104	76.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	42.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	27.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	8.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	16.9	33.8	37.7
Completely bedfast residents.	8	5.9	3.2	3.4
Residents confined to chairs.	39	28.7	48.4	50.8
Residents requiring restraints.	18	13.2	35.7	41.3
Confused or disoriented residents.	84	61.8	53.7	58.4
Residents with bed sores.	6	4.4	8.0	7.1
Residents receiving special skin care.	10	7.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUCKINGHAM PAVILION

Street Address: 2625 W TOUHY AVE	**City and State:** CHICAGO IL 60645

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 247	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 222	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	58.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	148	66.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	130	58.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	50.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	157	70.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	25.7	33.8	37.7
Completely bedfast residents.	12	5.4	3.2	3.4
Residents confined to chairs.	72	32.4	48.4	50.8
Residents requiring restraints.	63	28.4	35.7	41.3
Confused or disoriented residents.	147	66.2	53.7	58.4
Residents with bed sores.	9	4.1	8.0	7.1
Residents receiving special skin care.	13	5.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALIFORNIA GARDENS

Street Address: 2829 S CALIFORNIA BLVD		**City and State:** CHICAGO IL 60608	
Participation: MEDICAID SNF/ICF	**# of Beds:** 306	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 292	**Medicare Residents:** 0	**Medicaid Residents:** 229

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	230	78.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	211	72.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	241	82.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	200	68.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	158	54.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	1.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	108	37.0	33.8	37.7
Completely bedfast residents.	21	7.2	3.2	3.4
Residents confined to chairs.	90	30.8	48.4	50.8
Residents requiring restraints.	71	24.3	35.7	41.3
Confused or disoriented residents.	103	35.3	53.7	58.4
Residents with bed sores.	17	5.8	8.0	7.1
Residents receiving special skin care.	121	41.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARLTON HOUSE

Street Address: 725 W MONTROSE		**City and State:** CHICAGO IL 60613	
Participation: MEDICAID SNF/ICF	**# of Beds:** 244	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
225	0	189

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	186	82.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	206	91.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	206	91.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	185	82.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	190	84.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	16	7.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	157	69.8	33.8	37.7
Completely bedfast residents.	26	11.6	3.2	3.4
Residents confined to chairs.	58	25.8	48.4	50.8
Residents requiring restraints.	14	6.2	35.7	41.3
Confused or disoriented residents.	200	88.9	53.7	58.4
Residents with bed sores.	11	4.9	8.0	7.1
Residents receiving special skin care.	42	18.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARMEN MANOR

Street Address: 1470 W CARMEN	**City and State:** CHICAGO IL 60640

Participation: MEDICAID ICF	**# of Beds:** 113	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	18.5	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	61	56.5	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	18	16.7	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	16.7	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	9.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	15	13.9	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	1.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	8	7.4	27.6	39.1
Residents requiring restraints.	2	1.9	23.4	31.7
Confused or disoriented residents.	35	32.4	49.8	55.8
Residents with bed sores.	2	1.9	4.0	4.7
Residents receiving special skin care.	12	11.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASA CENTRAL CENTER

Street Address: 1401 NORTH CALIFORNIA AVENUE	**City and State:** CHICAGO IL 60622

Participation: MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	**Medicare Residents:** 0	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	62.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	107	79.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	78	57.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	57.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	39.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	51.9	33.8	37.7
Completely bedfast residents.	4	3.0	3.2	3.4
Residents confined to chairs.	62	45.9	48.4	50.8
Residents requiring restraints.	24	17.8	35.7	41.3
Confused or disoriented residents.	57	42.2	53.7	58.4
Residents with bed sores.	6	4.4	8.0	7.1
Residents receiving special skin care.	51	37.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL NURSING HOME

Street Address: 2450 N CENTRAL AVE		**City and State:** CHICAGO IL 60639	
Participation: MEDICAID SNF/ICF	**# of Beds:** 245	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
137	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	19.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	54	39.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	44	32.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	95.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	33.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	5.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	12.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	41	29.9	48.4	50.8
Residents requiring restraints.	29	21.2	35.7	41.3
Confused or disoriented residents.	5	3.6	53.7	58.4
Residents with bed sores.	2	1.5	8.0	7.1
Residents receiving special skin care.	2	1.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL PLAZA RESIDENTIAL HOME

Street Address: 321-27 NORTH CENTRAL		**City and State:** CHICAGO IL 60644	
Participation: MEDICAID ICF	**# of Beds:** 260	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
242	0	240

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	178	73.6	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	157	64.9	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	0.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	242	100	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHEVY CHASE NURSING HOME

Street Address: 3400 S INDIANA	**City and State:** CHICAGO IL 60616

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 322	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 312	**Medicare Residents:** 0	**Medicaid Residents:** 274

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	171	54.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	232	74.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	232	74.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	228	73.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	189	60.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	106	34.0	33.8	37.7
Completely bedfast residents.	12	3.8	3.2	3.4
Residents confined to chairs.	147	47.1	48.4	50.8
Residents requiring restraints.	72	23.1	35.7	41.3
Confused or disoriented residents.	163	52.2	53.7	58.4
Residents with bed sores.	24	7.7	8.0	7.1
Residents receiving special skin care.	61	19.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARK MANOR

Street Address: 7433 NORTH CLARK		**City and State:** CHICAGO IL 60614	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 273	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
253	0	253

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	120	47.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	154	60.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	149	58.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	41.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	131	51.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	13	5.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	121	47.8	33.8	37.7
Completely bedfast residents.	28	11.1	3.2	3.4
Residents confined to chairs.	84	33.2	48.4	50.8
Residents requiring restraints.	25	9.9	35.7	41.3
Confused or disoriented residents.	144	56.9	53.7	58.4
Residents with bed sores.	20	7.9	8.0	7.1
Residents receiving special skin care.	40	15.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLAYTON RESIDENTIAL HOME

Street Address: 2026 N CLARK ST	**City and State:** CHICAGO IL 60614

Participation: MEDICAID ICF	**# of Beds:** 252	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 242	**Medicare Residents:** 0	**Medicaid Residents:** 234

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	188	77.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	101	41.7	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	242	100	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COJEUNAZE NURSING CENTER

Street Address: 3311 SOUTH MICHIGAN AVENUE	**City and State:** CHICAGO IL 60616

Participation: MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 197	**Medicare Residents:** 0	**Medicaid Residents:** 190

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	66.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	66	33.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	45	22.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	28.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	42.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	17.3	33.8	37.7
Completely bedfast residents.	6	3.0	3.2	3.4
Residents confined to chairs.	14	7.1	48.4	50.8
Residents requiring restraints.	6	3.0	35.7	41.3
Confused or disoriented residents.	131	66.5	53.7	58.4
Residents with bed sores.	7	3.6	8.0	7.1
Residents receiving special skin care.	40	20.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COJEUNAZE NURSING CENTER

Street Address: 3311 S MICHIGAN AVE	**City and State:** CHICAGO IL 60616

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	80.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	25	80.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	23	74.2	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	74.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	74.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	6.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	64.5	33.8	37.7
Completely bedfast residents.	3	9.7	3.2	3.4
Residents confined to chairs.	22	71.0	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	15	48.4	53.7	58.4
Residents with bed sores.	4	12.9	8.0	7.1
Residents receiving special skin care.	23	74.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBUS MANOR

Street Address: 5107 W JACKSON BLVD		**City and State:** CHICAGO IL 60644	
Participation: MEDICAID ICF	**# of Beds:** 189	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
178	0	176

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	22.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	158	88.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	172	96.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	40.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	7.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	22.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	178	100	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMODORE INN

Street Address: 5547 N KENMORE AVE	**City and State:** CHICAGO IL 60640

Participation: MEDICAID ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	0	149

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	8.9	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	0	0.0	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	1	0.6	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	0.6	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	1	0.6	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	7	4.5	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	22	14.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY CARE CENTER

Street Address: 4314 S WABASH	**City and State:** CHICAGO IL 60653

Participation: MEDICAID SNF/ICF	**# of Beds:** 204	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 185	**Medicare Residents:** 0	**Medicaid Residents:** 178

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	63.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	117	63.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	128	69.2	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	38.9	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	54.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	3.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	20.5	33.8	37.7
Completely bedfast residents.	7	3.8	3.2	3.4
Residents confined to chairs.	71	38.4	48.4	50.8
Residents requiring restraints.	59	31.9	35.7	41.3
Confused or disoriented residents.	48	25.9	53.7	58.4
Residents with bed sores.	19	10.3	8.0	7.1
Residents receiving special skin care.	59	31.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONGRESS CARE CENTER

Street Address: 901 S AUSTIN	**City and State:** CHICAGO IL 60644

Participation: MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 138	**Medicare Residents:** 0	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	23.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	79	57.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	80	58.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	68.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	58.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	3.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	27.5	33.8	37.7
Completely bedfast residents.	11	8.0	3.2	3.4
Residents confined to chairs.	53	38.4	48.4	50.8
Residents requiring restraints.	21	15.2	35.7	41.3
Confused or disoriented residents.	50	36.2	53.7	58.4
Residents with bed sores.	8	5.8	8.0	7.1
Residents receiving special skin care.	29	21.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CONTINENTAL CARE CENTER INC

Street Address: 5336 NORTH WESTERN AVENUE		**City and State:** CHICAGO IL 60625	
Participation: MEDICAID SNF/ICF	**# of Beds:** 208	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 0	**Medicaid Residents:** 126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	75.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	142	81.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	120	69.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	75.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	114	65.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	130	74.7	33.8	37.7
Completely bedfast residents.	11	6.3	3.2	3.4
Residents confined to chairs.	100	57.5	48.4	50.8
Residents requiring restraints.	58	33.3	35.7	41.3
Confused or disoriented residents.	85	48.9	53.7	58.4
Residents with bed sores.	7	4.0	8.0	7.1
Residents receiving special skin care.	92	52.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COVENANT HOME

Street Address: 2725 WEST FOSTER AVENUE	**City and State:** CHICAGO IL 60625

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 157	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	49	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	48	98.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	98.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	55.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	23	46.9	48.4	50.8
Residents requiring restraints.	33	67.3	35.7	41.3
Confused or disoriented residents.	31	63.3	53.7	58.4
Residents with bed sores.	2	4.1	8.0	7.1
Residents receiving special skin care.	49	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEAUVILLE HEALTHCARE CENTER

Street Address: 7445 N SHERIDAN RD		**City and State:** CHICAGO IL 60626	
Participation: MEDICAID SNF/ICF	**# of Beds:** 149	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	**Medicare Residents:** 0	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
BathING Residents requiring some or total assistance in bathing.	125	93.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	121	90.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	115	85.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	66.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	13.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	6.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	11.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	65	48.5	48.4	50.8
Residents requiring restraints.	22	16.4	35.7	41.3
Confused or disoriented residents.	80	59.7	53.7	58.4
Residents with bed sores.	8	6.0	8.0	7.1
Residents receiving special skin care.	32	23.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DLA SENN PARK NURSING CENTER

Street Address: 5888 N RIDGE AVE		**City and State:** CHICAGO IL 60660	
Participation: MEDICAID ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	28.9	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	64	52.9	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	26	21.5	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	27.3	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	19.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	6	5.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	5.8	19.4	29.3
Completely bedfast residents.	2	1.7	0.7	3.6
Residents confined to chairs.	18	14.9	27.6	39.1
Residents requiring restraints.	7	5.8	23.4	31.7
Confused or disoriented residents.	70	57.9	49.8	55.8
Residents with bed sores.	4	3.3	4.0	4.7
Residents receiving special skin care.	8	6.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWATER NURSING AND GERIATRIC CTR

Street Address: 5838 NORTH SHERIDAN ROAD	**City and State:** CHICAGO IL 60660

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 188	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 183	**Medicare Residents:** 0	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	64.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	132	72.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	113	61.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	69.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	119	65.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	10	5.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	24.6	33.8	37.7
Completely bedfast residents.	11	6.0	3.2	3.4
Residents confined to chairs.	99	54.1	48.4	50.8
Residents requiring restraints.	21	11.5	35.7	41.3
Confused or disoriented residents.	47	25.7	53.7	58.4
Residents with bed sores.	11	6.0	8.0	7.1
Residents receiving special skin care.	59	32.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELSTON NURSING HOME

Street Address: 4340 N KEYSTONE	**City and State:** CHICAGO IL 60641

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	74.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	78	70.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	76	69.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	68.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	68.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	16.4	33.8	37.7
Completely bedfast residents.	1	0.9	3.2	3.4
Residents confined to chairs.	45	40.9	48.4	50.8
Residents requiring restraints.	30	27.3	35.7	41.3
Confused or disoriented residents.	32	29.1	53.7	58.4
Residents with bed sores.	12	10.9	8.0	7.1
Residents receiving special skin care.	30	27.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN VIEW HOME

Street Address: 6450 N RIDGE AVENUE		**City and State:** CHICAGO IL 60626	
Participation: MEDICAID SNF/ICF	**# of Beds:** 136	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 126	**Medicare Residents:** 0	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	63.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	76	60.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	70	55.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	48.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	44.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	6.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	19.0	33.8	37.7
Completely bedfast residents.	7	5.6	3.2	3.4
Residents confined to chairs.	22	17.5	48.4	50.8
Residents requiring restraints.	19	15.1	35.7	41.3
Confused or disoriented residents.	56	44.4	53.7	58.4
Residents with bed sores.	27	21.4	8.0	7.1
Residents receiving special skin care.	42	33.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENCREST NURSING REHAB CENTER

Street Address:	**City and State:**
2452 WEST FITCH	CHICAGO IL 60645

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	312	PROPRIETARY	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
310	4	243

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	30.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	243	78.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	172	55.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	45.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	186	60.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	60	19.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	92	29.7	33.8	37.7
Completely bedfast residents.	7	2.3	3.2	3.4
Residents confined to chairs.	108	34.8	48.4	50.8
Residents requiring restraints.	79	25.5	35.7	41.3
Confused or disoriented residents.	116	37.4	53.7	58.4
Residents with bed sores.	29	9.4	8.0	7.1
Residents receiving special skin care.	106	34.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRASMERE RESIDENTIAL HOME

Street Address: 4621 N SHERIDAN RD		**City and State:** CHICAGO IL 60640	
Participation: MEDICAID ICF	**# of Beds:** 216	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
197	0	189

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	3.6	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	7	3.6	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	2.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	5	2.5	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	90	45.7	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	13	6.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENVIEW PAVILION

Street Address: 1425 WEST ESTES	**City and State:** CHICAGO IL 60626

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	**Medicare Residents:** 1	**Medicaid Residents:** 144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	75.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	94	59.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	89	56.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	60.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	142	89.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	24	15.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	30.4	33.8	37.7
Completely bedfast residents.	13	8.2	3.2	3.4
Residents confined to chairs.	62	39.2	48.4	50.8
Residents requiring restraints.	42	26.6	35.7	41.3
Confused or disoriented residents.	108	68.4	53.7	58.4
Residents with bed sores.	7	4.4	8.0	7.1
Residents receiving special skin care.	20	12.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HALSTED TERRACE NURSING CENTER

Street Address: 10935 SO HALSTED ST	**City and State:** CHICAGO IL 60628

Participation: MEDICAID SNF/ICF	**# of Beds:** 300	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 287	**Medicare Residents:** 0	**Medicaid Residents:** 268

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	150	52.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	151	52.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	150	52.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	37.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	45.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	11	3.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	19.9	33.8	37.7
Completely bedfast residents.	5	1.7	3.2	3.4
Residents confined to chairs.	23	8.0	48.4	50.8
Residents requiring restraints.	36	12.5	35.7	41.3
Confused or disoriented residents.	60	20.9	53.7	58.4
Residents with bed sores.	6	2.1	8.0	7.1
Residents receiving special skin care.	80	27.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

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from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLY CROSS HOSP. EXTENDED CAREFACILITY

Street Address: 2701 WEST 68TH STREET	**City and State:** CHICAGO IL 60629

Participation: MEDICARE SNF/ICF	**# of Beds:** 37	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 13	**Medicare Residents:** 9	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	84.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	13	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	13	100	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	92.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	61.5	33.8	37.7
Completely bedfast residents.	6	46.2	3.2	3.4
Residents confined to chairs.	7	53.8	48.4	50.8
Residents requiring restraints.	10	76.9	35.7	41.3
Confused or disoriented residents.	7	53.8	53.7	58.4
Residents with bed sores.	4	30.8	8.0	7.1
Residents receiving special skin care.	4	30.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HYDE PARK NURSING CTR

Street Address: 4505 S DREXEL BLVD		**City and State:** CHICAGO IL 60653	
Participation: MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
150	0	142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	50.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	117	78.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	85	56.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	86.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	66.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	32.0	33.8	37.7
Completely bedfast residents.	6	4.0	3.2	3.4
Residents confined to chairs.	59	39.3	48.4	50.8
Residents requiring restraints.	47	31.3	35.7	41.3
Confused or disoriented residents.	100	66.7	53.7	58.4
Residents with bed sores.	11	7.3	8.0	7.1
Residents receiving special skin care.	99	66.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ILLINOIS MASONIC BARR PAVILION

Street Address: 66 WEST OAK ST		**City and State:** CHICAGO IL 60610	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 330	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
303	11	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	271	89.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	257	84.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	265	87.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	257	84.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	251	82.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	4.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	28.4	33.8	37.7
Completely bedfast residents.	24	7.9	3.2	3.4
Residents confined to chairs.	70	23.1	48.4	50.8
Residents requiring restraints.	40	13.2	35.7	41.3
Confused or disoriented residents.	152	50.2	53.7	58.4
Residents with bed sores.	24	7.9	8.0	7.1
Residents receiving special skin care.	303	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IMPERIAL CONVALESCENT & GERIATRIC CTR

Street Address: 1366 FULLERTON AVENUE		**City and State:** CHICAGO IL 60614	
Participation: MEDICARE SNF	**# of Beds:** 198	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	91.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	94	81.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	86	74.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	67.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	69.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	48	41.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	64	55.7	33.8	37.7
Completely bedfast residents.	3	2.6	3.2	3.4
Residents confined to chairs.	61	53.0	48.4	50.8
Residents requiring restraints.	72	62.6	35.7	41.3
Confused or disoriented residents.	80	69.6	53.7	58.4
Residents with bed sores.	14	12.2	8.0	7.1
Residents receiving special skin care.	41	35.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JACKSON SQUARE NURSING CENTER

Street Address: 5130 W. JACKSON BLVD	**City and State:** CHICAGO IL 60644

Participation: MEDICAID SNF/ICF	**# of Beds:** 225	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	**Medicare Residents:** 0	**Medicaid Residents:** 159

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	75.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	81	50.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	118	72.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	83.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	71.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	38.3	33.8	37.7
Completely bedfast residents.	10	6.2	3.2	3.4
Residents confined to chairs.	69	42.6	48.4	50.8
Residents requiring restraints.	45	27.8	35.7	41.3
Confused or disoriented residents.	73	45.1	53.7	58.4
Residents with bed sores.	27	16.7	8.0	7.1
Residents receiving special skin care.	60	37.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN F KENNEDY MEDICAL CENTER

Street Address: 5645 W ADDISON STREET		**City and State:** CHICAGO IL 60634	
Participation: MEDICARE SNF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	22	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	96.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	25	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	25	100	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	84.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	8.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	80.0	33.8	37.7
Completely bedfast residents.	7	28.0	3.2	3.4
Residents confined to chairs.	17	68.0	48.4	50.8
Residents requiring restraints.	16	64.0	35.7	41.3
Confused or disoriented residents.	18	72.0	53.7	58.4
Residents with bed sores.	11	44.0	8.0	7.1
Residents receiving special skin care.	25	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHNSON REHAB NURSING HOME INC

Street Address:		**City and State:**	
3456 W FRANKLIN BLVD		CHICAGO IL 60624	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	76	PROPRIETARY	02/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	30.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	35	53.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	53.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	53.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	50.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	6.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	23.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	6	9.2	48.4	50.8
Residents requiring restraints.	10	15.4	35.7	41.3
Confused or disoriented residents.	25	38.5	53.7	58.4
Residents with bed sores.	4	6.2	8.0	7.1
Residents receiving special skin care.	4	6.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHNSTON R BOWMAN HLTH CTR

Street Address: 710 S PAULINA ST	**City and State:** CHICAGO IL 60612

Participation: MEDICARE SNF	**# of Beds:** 44	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 28	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	10.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	25	89.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	19	67.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	71.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	39.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	10.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	42.9	33.8	37.7
Completely bedfast residents.	1	3.6	3.2	3.4
Residents confined to chairs.	1	3.6	48.4	50.8
Residents requiring restraints.	1	3.6	35.7	41.3
Confused or disoriented residents.	1	3.6	53.7	58.4
Residents with bed sores.	4	14.3	8.0	7.1
Residents receiving special skin care.	5	17.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENWOOD TERRACE

Street Address: 6125 SOUTH KENWOOD	**City and State:** CHICAGO IL 60637

Participation: MEDICAID SNF/ICF	**# of Beds:** 318	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 295	**Medicare Residents:** 0	**Medicaid Residents:** 262

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	240	81.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	240	81.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	157	53.2	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	55.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	157	53.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	4.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	21.0	33.8	37.7
Completely bedfast residents.	22	7.5	3.2	3.4
Residents confined to chairs.	87	29.5	48.4	50.8
Residents requiring restraints.	57	19.3	35.7	41.3
Confused or disoriented residents.	233	79.0	53.7	58.4
Residents with bed sores.	14	4.7	8.0	7.1
Residents receiving special skin care.	135	45.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE SHORE NURS CTR INC

Street Address: 7200 N SHERIDAN RD		**City and State:** CHICAGO IL 60626	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 328	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
316	0	163

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	198	62.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	236	74.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	212	67.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	234	74.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	225	71.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	25	7.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	23.4	33.8	37.7
Completely bedfast residents.	23	7.3	3.2	3.4
Residents confined to chairs.	97	30.7	48.4	50.8
Residents requiring restraints.	46	14.6	35.7	41.3
Confused or disoriented residents.	162	51.3	53.7	58.4
Residents with bed sores.	12	3.8	8.0	7.1
Residents receiving special skin care.	21	6.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEFRONT HEALTHCARE CENTER

Street Address: 7618 N SHERIDAN RD	**City and State:** CHICAGO IL 60626

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 1	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	34.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	48	55.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	40	46.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	51.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	36.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	10	11.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	29.9	33.8	37.7
Completely bedfast residents.	5	5.7	3.2	3.4
Residents confined to chairs.	6	6.9	48.4	50.8
Residents requiring restraints.	5	5.7	35.7	41.3
Confused or disoriented residents.	7	8.0	53.7	58.4
Residents with bed sores.	1	1.1	8.0	7.1
Residents receiving special skin care.	30	34.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKELAND MANOR NURSING CENTER

Street Address: 820 WEST LAWRENCE	**City and State:** CHICAGO IL 60640

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 310	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 274	**Medicare Residents:** 0	**Medicaid Residents:** 250

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	206	75.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	228	83.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	171	62.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	62.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	140	51.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	10.6	33.8	37.7
Completely bedfast residents.	9	3.3	3.2	3.4
Residents confined to chairs.	70	25.5	48.4	50.8
Residents requiring restraints.	52	19.0	35.7	41.3
Confused or disoriented residents.	145	52.9	53.7	58.4
Residents with bed sores.	18	6.6	8.0	7.1
Residents receiving special skin care.	46	16.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW NURSING AND GERIATRIC CTR

Street Address: 735 W DIVERSEY	**City and State:** CHICAGO IL 60614

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	**Medicare Residents:** 0	**Medicaid Residents:** 146

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	127	72.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	137	77.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	116	65.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	51.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	66.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	6.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	17.6	33.8	37.7
Completely bedfast residents.	3	1.7	3.2	3.4
Residents confined to chairs.	106	60.2	48.4	50.8
Residents requiring restraints.	53	30.1	35.7	41.3
Confused or disoriented residents.	86	48.9	53.7	58.4
Residents with bed sores.	12	6.8	8.0	7.1
Residents receiving special skin care.	124	70.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN PARK TERRACE

Street Address: 2732 N HAMPDEN CT		**City and State:** CHICAGO IL 60614	
Participation: MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	31.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	57	57.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	56	56.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	66.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	45.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	44.4	33.8	37.7
Completely bedfast residents.	13	13.1	3.2	3.4
Residents confined to chairs.	38	38.4	48.4	50.8
Residents requiring restraints.	3	3.0	35.7	41.3
Confused or disoriented residents.	19	19.2	53.7	58.4
Residents with bed sores.	3	3.0	8.0	7.1
Residents receiving special skin care.	30	30.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE SISTERS OF THE POOR

Street Address: 2325 N LAKEWOOD AVE		**City and State:** CHICAGO IL 60614	
Participation: MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	75.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	71	71.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	63	63.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	83.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	63.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	70.7	33.8	37.7
Completely bedfast residents.	2	2.0	3.2	3.4
Residents confined to chairs.	52	52.5	48.4	50.8
Residents requiring restraints.	38	38.4	35.7	41.3
Confused or disoriented residents.	46	46.5	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	40	40.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN GEN HOSP-LINCOLN PK SNU

Street Address: 2035 N LINCOLN AVE		**City and State:** CHICAGO IL 60614	
Participation: MEDICARE SNF	**# of Beds:** 26	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
13	13	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	13	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	8	61.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	92.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	61.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	7.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	46.2	33.8	37.7
Completely bedfast residents.	6	46.2	3.2	3.4
Residents confined to chairs.	7	53.8	48.4	50.8
Residents requiring restraints.	3	23.1	35.7	41.3
Confused or disoriented residents.	7	53.8	53.7	58.4
Residents with bed sores.	4	30.8	8.0	7.1
Residents receiving special skin care.	8	61.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARGARET MANOR HOME

Street Address: 1121 NORTH ORLEANS	**City and State:** CHICAGO IL 60610

Participation: MEDICAID ICF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 0	**Medicaid Residents:** 123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	3	2.3	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	0.8	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	2.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	3	2.3	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	131	100	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	4.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARGARET MANOR NORTH

Street Address: 940 W CULLOM AVE	**City and State:** CHICAGO IL 60613

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	10	10.4	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	1.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	7	7.3	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAYFIELD CARE CENTER

Street Address: 5905 W WASHINGTON BOULEVARD	**City and State:** CHICAGO IL 60644

Participation: MEDICAID SNF/ICF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 0	**Medicaid Residents:** 137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	67.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	69.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	49.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	54.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	72.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	46	32.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	18.2	33.8	37.7
Completely bedfast residents.	1	0.7	3.2	3.4
Residents confined to chairs.	47	32.9	48.4	50.8
Residents requiring restraints.	9	6.3	35.7	41.3
Confused or disoriented residents.	91	63.6	53.7	58.4
Residents with bed sores.	11	7.7	8.0	7.1
Residents receiving special skin care.	41	28.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
METHODIST HOME

Street Address: 1415 W FOSTER AVE	**City and State:** CHICAGO IL 60640

Participation: MEDICAID SNF/ICF	**# of Beds:** 129	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	76.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	63	65.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	51	53.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	58.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	40.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	12.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	19	19.8	48.4	50.8
Residents requiring restraints.	3	3.1	35.7	41.3
Confused or disoriented residents.	37	38.5	53.7	58.4
Residents with bed sores.	5	5.2	8.0	7.1
Residents receiving special skin care.	88	91.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MID AMERICA CONVALESCENT CENTER

Street Address: 4920 N KENMORE AVENUE	**City and State:** CHICAGO IL 60640

Participation: MEDICAID SNF/ICF	**# of Beds:** 310	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 289	**Medicare Residents:** 0	**Medicaid Residents:** 268

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	148	51.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	201	69.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	180	62.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	60.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	195	67.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	108	37.4	33.8	37.7
Completely bedfast residents.	12	4.2	3.2	3.4
Residents confined to chairs.	89	30.8	48.4	50.8
Residents requiring restraints.	24	8.3	35.7	41.3
Confused or disoriented residents.	98	33.9	53.7	58.4
Residents with bed sores.	66	22.8	8.0	7.1
Residents receiving special skin care.	104	36.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MISERICORDIA HOME SOUTH

Street Address: 2916 W 47TH ST		**City and State:** CHICAGO IL 60632	
Participation: MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 0	**Medicaid Residents:** 103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	109	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	109	100	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	99.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	15	13.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	107	98.2	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	107	98.2	48.4	50.8
Residents requiring restraints.	2	1.8	35.7	41.3
Confused or disoriented residents.	109	100	53.7	58.4
Residents with bed sores.	1	0.9	8.0	7.1
Residents receiving special skin care.	109	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONROE PAVILION

Street Address: 1400 W MONROE	**City and State:** CHICAGO IL 60607

Participation: MEDICAID ICF	**# of Beds:** 136	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	**Medicare Residents:** 0	**Medicaid Residents:** 135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	55.6	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	83	61.5	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	24	17.8	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	3.7	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	17.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	5.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	2	1.5	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	81	60.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	8	5.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWEST HOME FOR THE AGED

Street Address: 6300 N CALIFORNIA	**City and State:** CHICAGO IL 60659

Participation: MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	73.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	132	88.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	68	45.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	56.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	81.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	3.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	91	60.7	33.8	37.7
Completely bedfast residents.	2	1.3	3.2	3.4
Residents confined to chairs.	49	32.7	48.4	50.8
Residents requiring restraints.	37	24.7	35.7	41.3
Confused or disoriented residents.	73	48.7	53.7	58.4
Residents with bed sores.	4	2.7	8.0	7.1
Residents receiving special skin care.	61	40.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORWEGIAN LUTHERAN BETHESDA HME

Street Address: 2833 N NORDICA AVE		**City and State:** CHICAGO IL 60634	
Participation: MEDICAID ICF	**# of Beds:** 118	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	51.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	42	72.4	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	28	48.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	53.4	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	46.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	25.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	12	20.7	27.6	39.1
Residents requiring restraints.	37	63.8	23.4	31.7
Confused or disoriented residents.	36	62.1	49.8	55.8
Residents with bed sores.	6	10.3	4.0	4.7
Residents receiving special skin care.	6	10.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORA G MORROW NURSING HOME

Street Address: 5001 SOUTH MICHIGAN	**City and State:** CHICAGO IL 60615

Participation: MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 179	**Medicare Residents:** 0	**Medicaid Residents:** 165

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	29.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	131	73.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	48.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	58.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	48.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	159	88.8	33.8	37.7
Completely bedfast residents.	4	2.2	3.2	3.4
Residents confined to chairs.	61	34.1	48.4	50.8
Residents requiring restraints.	16	8.9	35.7	41.3
Confused or disoriented residents.	105	58.7	53.7	58.4
Residents with bed sores.	8	4.5	8.0	7.1
Residents receiving special skin care.	55	30.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALMER TERRACE

Street Address: 2242 NORTH KEDZIE		**City and State:** CHICAGO IL 60647	
Participation: MEDICAID SNF/ICF	**# of Beds:** 222	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
211	0	193

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	139	65.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	179	84.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	148	70.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	166	78.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	136	64.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	23.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	115	54.5	48.4	50.8
Residents requiring restraints.	42	19.9	35.7	41.3
Confused or disoriented residents.	96	45.5	53.7	58.4
Residents with bed sores.	15	7.1	8.0	7.1
Residents receiving special skin care.	76	36.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK NURSING HOME INC

Street Address: 2320 S LAWNDALE	**City and State:** CHICAGO IL 60623

Participation: MEDICAID ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	49.5	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	67	70.5	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	27	28.4	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	49.5	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	61.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	39	41.1	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	50	52.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	13	13.7	27.6	39.1
Residents requiring restraints.	9	9.5	23.4	31.7
Confused or disoriented residents.	68	71.6	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	16	16.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PETERSON PARK HEALTHCARE CENTER

Street Address: 6141 N PULASKI RD		**City and State:** CHICAGO IL 60646	
Participation: MEDICAID SNF/ICF	**# of Beds:** 188	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
178	0	156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	143	80.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	138	77.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	90	50.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	63.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	51.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	3.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	19.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	72	40.4	48.4	50.8
Residents requiring restraints.	39	21.9	35.7	41.3
Confused or disoriented residents.	72	40.4	53.7	58.4
Residents with bed sores.	12	6.7	8.0	7.1
Residents receiving special skin care.	66	37.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAINBOW BEACH NURSING CENTER, INC.

Street Address: 7325 S EXCHANGE AVE		**City and State:** CHICAGO IL 60649	
Participation: MEDICAID ICF	**# of Beds:** 111	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	46.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	46	61.3	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	28	37.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	53.3	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	25.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	16.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	5	6.7	27.6	39.1
Residents requiring restraints.	10	13.3	23.4	31.7
Confused or disoriented residents.	30	40.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	20	26.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAVENSWOOD HOSPITAL MEDICAL CENTER

Street Address: 4550 NORTH WINCHESTER	**City and State:** CHICAGO IL 60640

Participation: MEDICARE SNF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 33	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	33	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	33	100	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	87.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	3.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	75.8	33.8	37.7
Completely bedfast residents.	7	21.2	3.2	3.4
Residents confined to chairs.	26	78.8	48.4	50.8
Residents requiring restraints.	10	30.3	35.7	41.3
Confused or disoriented residents.	22	66.7	53.7	58.4
Residents with bed sores.	17	51.5	8.0	7.1
Residents receiving special skin care.	33	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROGERS PARK MANOR

Street Address: 1512 W FARGO AVE	**City and State:** CHICAGO IL 60626

Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	62.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	53	58.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	43	47.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	72.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	50.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	19.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	24	26.4	48.4	50.8
Residents requiring restraints.	19	20.9	35.7	41.3
Confused or disoriented residents.	41	45.1	53.7	58.4
Residents with bed sores.	3	3.3	8.0	7.1
Residents receiving special skin care.	23	25.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEWOOD DAMEN NURSING HOME INC

Street Address: 6700 NORTH DAMEN	**City and State:** CHICAGO IL 60645

Participation: MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	50.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	90	76.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	51.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	53.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	45.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	35	29.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	8.5	33.8	37.7
Completely bedfast residents.	4	3.4	3.2	3.4
Residents confined to chairs.	45	38.1	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	52	44.1	53.7	58.4
Residents with bed sores.	12	10.2	8.0	7.1
Residents receiving special skin care.	36	30.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SACRED HEART HOME

Street Address: 1550 S ALBANY ST	**City and State:** CHICAGO IL 60623

Participation: MEDICAID ICF	**# of Beds:** 172	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 0	**Medicaid Residents:** 166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	0	0.0	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	13.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	160	95.8	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	9	5.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SELF HELP HOME FOR THE AGED

Street Address: 908 W ARGYLE ST	**City and State:** CHICAGO IL 60640

Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	100	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	25	100	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	24	96.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	96.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	76.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	44.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	7	28.0	27.6	39.1
Residents requiring restraints.	2	8.0	23.4	31.7
Confused or disoriented residents.	25	100	49.8	55.8
Residents with bed sores.	1	4.0	4.0	4.7
Residents receiving special skin care.	25	100	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERWIN MANOR NURSING CENTER

Street Address: 7350 SHERIDAN ROAD		**City and State:** CHICAGO IL 60626	
Participation: MEDICAID SNF/ICF	**# of Beds:** 219	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
199	0	137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	44.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	153	76.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	145	72.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	58.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	141	70.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	32.7	33.8	37.7
Completely bedfast residents.	19	9.5	3.2	3.4
Residents confined to chairs.	56	28.1	48.4	50.8
Residents requiring restraints.	34	17.1	35.7	41.3
Confused or disoriented residents.	75	37.7	53.7	58.4
Residents with bed sores.	9	4.5	8.0	7.1
Residents receiving special skin care.	22	11.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOMERSET HOUSE INC

Street Address: 5009 N SHERIDAN	**City and State:** CHICAGO IL 60640

Participation: MEDICAID ICF	**# of Beds:** 450	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 307	**Medicare Residents:** 0	**Medicaid Residents:** 298

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	38.4	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	158	51.5	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	82	26.7	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	31.3	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	19.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	37	12.1	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	9.1	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	20	6.5	27.6	39.1
Residents requiring restraints.	4	1.3	23.4	31.7
Confused or disoriented residents.	30	9.8	49.8	55.8
Residents with bed sores.	5	1.6	4.0	4.7
Residents receiving special skin care.	34	11.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOVEREIGN HOME

Street Address: 6159 NORTH KENMORE AVENUE	**City and State:** CHICAGO IL 60660

Participation: MEDICAID ICF	**# of Beds:** 55	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	91.8	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	33	67.3	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	19	38.8	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	89.8	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	24.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	18.4	19.4	29.3
Completely bedfast residents.	1	2.0	0.7	3.6
Residents confined to chairs.	11	22.4	27.6	39.1
Residents requiring restraints.	10	20.4	23.4	31.7
Confused or disoriented residents.	49	100	49.8	55.8
Residents with bed sores.	1	2.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST AGNES HEALTH CARE CENTER

Street Address: 60 EAST 18TH STREET		**City and State:** CHICAGO IL 60616	
Participation: MEDICAID SNF/ICF	**# of Beds:** 197	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 175	**Medicare Residents:** 0	**Medicaid Residents:** 167

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	74.3	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	117	66.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	91	52.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	59.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	52.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	48	27.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	26.9	33.8	37.7
Completely bedfast residents.	1	0.6	3.2	3.4
Residents confined to chairs.	104	59.4	48.4	50.8
Residents requiring restraints.	43	24.6	35.7	41.3
Confused or disoriented residents.	120	68.6	53.7	58.4
Residents with bed sores.	19	10.9	8.0	7.1
Residents receiving special skin care.	41	23.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ELIZABETHS HOSPITAL SNF

Street Address: 1431 NORTH CLAREMONT AVENUE		**City and State:** CHICAGO IL 60622	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	11	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	68.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	18	94.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	17	89.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	94.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	84.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	68.4	33.8	37.7
Completely bedfast residents.	5	26.3	3.2	3.4
Residents confined to chairs.	12	63.2	48.4	50.8
Residents requiring restraints.	5	26.3	35.7	41.3
Confused or disoriented residents.	4	21.1	53.7	58.4
Residents with bed sores.	6	31.6	8.0	7.1
Residents receiving special skin care.	19	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH HOME OF CHICAGO

Street Address: 2650 NORTH RIDGEWAY	**City and State:** CHICAGO IL 60647

Participation: MEDICAID SNF/ICF	**# of Beds:** 173	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	122	76.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	139	86.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	118	73.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	71.9	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	59.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	32.5	33.8	37.7
Completely bedfast residents.	12	7.5	3.2	3.4
Residents confined to chairs.	100	62.5	48.4	50.8
Residents requiring restraints.	74	46.2	35.7	41.3
Confused or disoriented residents.	90	56.3	53.7	58.4
Residents with bed sores.	6	3.7	8.0	7.1
Residents receiving special skin care.	97	60.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARTHA MANOR

Street Address: 4621 NORTH RACINE	**City and State:** CHICAGO IL 60613

Participation: MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	**Medicare Residents:** 0	**Medicaid Residents:** 123

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	36.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	104	81.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	45	35.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	48.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	46.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	27	21.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	24.4	33.8	37.7
Completely bedfast residents.	12	9.4	3.2	3.4
Residents confined to chairs.	25	19.7	48.4	50.8
Residents requiring restraints.	11	8.7	35.7	41.3
Confused or disoriented residents.	74	58.3	53.7	58.4
Residents with bed sores.	3	2.4	8.0	7.1
Residents receiving special skin care.	13	10.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PAULS HOUSE GRACE CONV HOME

Street Address: 3831 N MOZART		**City and State:** CHICAGO IL 60618	
Participation: MEDICAID SNF/ICF	**# of Beds:** 220	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	69.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	84	80.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	71	67.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	55.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	59.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	17.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	63	60.0	48.4	50.8
Residents requiring restraints.	37	35.2	35.7	41.3
Confused or disoriented residents.	60	57.1	53.7	58.4
Residents with bed sores.	5	4.8	8.0	7.1
Residents receiving special skin care.	0	0.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST. JOSEPH HOSPITAL & HEALTH CARE CTR

Street Address: 2900 NORTH LAKE SHORE DRIVE	**City and State:** CHICAGO IL 60657

Participation: MEDICARE SNF	**# of Beds:** 41	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 15	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	78.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	26	92.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	22	78.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	78.6	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	3.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	28.6	33.8	37.7
Completely bedfast residents.	4	14.3	3.2	3.4
Residents confined to chairs.	10	35.7	48.4	50.8
Residents requiring restraints.	2	7.1	35.7	41.3
Confused or disoriented residents.	8	28.6	53.7	58.4
Residents with bed sores.	4	14.3	8.0	7.1
Residents receiving special skin care.	28	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWEDISH COVENANT HOSP EXT CARE FACLTY

Street Address: 5145 N CALIFORNIA	**City and State:** CHICAGO IL 60625

Participation: MEDICARE SNF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 28	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	66.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	90.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	3.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	63.3	33.8	37.7
Completely bedfast residents.	13	43.3	3.2	3.4
Residents confined to chairs.	16	53.3	48.4	50.8
Residents requiring restraints.	7	23.3	35.7	41.3
Confused or disoriented residents.	6	20.0	53.7	58.4
Residents with bed sores.	13	43.3	8.0	7.1
Residents receiving special skin care.	14	46.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WATERFRONT TERRACE INC

Street Address: 7750 SOUTH SHORE DR		**City and State:** CHICAGO IL 60649	
Participation: MEDICAID ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	39.8	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	78	69.0	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	45	39.8	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	51.3	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	40.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	8.0	19.4	29.3
Completely bedfast residents.	1	0.9	0.7	3.6
Residents confined to chairs.	30	26.5	27.6	39.1
Residents requiring restraints.	1	0.9	23.4	31.7
Confused or disoriented residents.	47	41.6	49.8	55.8
Residents with bed sores.	1	0.9	4.0	4.7
Residents receiving special skin care.	16	14.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELLINGTON PLAZA

Street Address: 504 W WELLINGTON AVENUE	**City and State:** CHICAGO IL 60657

Participation: MEDICARE SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 6	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	89.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	65	95.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	54	79.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	80.9	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	70.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	33.8	33.8	37.7
Completely bedfast residents.	3	4.4	3.2	3.4
Residents confined to chairs.	36	52.9	48.4	50.8
Residents requiring restraints.	25	36.8	35.7	41.3
Confused or disoriented residents.	35	51.5	53.7	58.4
Residents with bed sores.	6	8.8	8.0	7.1
Residents receiving special skin care.	15	22.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WENTWORTH NURSING CENTER

Street Address: 201 WEST 69TH STREET	**City and State:** CHICAGO IL 60621

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 300	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 290	**Medicare Residents:** 0	**Medicaid Residents:** 272

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	150	51.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	240	82.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	249	85.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	224	77.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	200	69.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	2.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	21.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	120	41.4	48.4	50.8
Residents requiring restraints.	59	20.3	35.7	41.3
Confused or disoriented residents.	220	75.9	53.7	58.4
Residents with bed sores.	28	9.7	8.0	7.1
Residents receiving special skin care.	200	69.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTWOOD MANOR INC

Street Address: 2444 W TOUHY		**City and State:** CHICAGO IL 60645	
Participation: MEDICAID SNF/ICF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	36.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	97	87.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	59	53.2	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	19.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	74.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	11.7	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	15	13.5	48.4	50.8
Residents requiring restraints.	19	17.1	35.7	41.3
Confused or disoriented residents.	38	34.2	53.7	58.4
Residents with bed sores.	4	3.6	8.0	7.1
Residents receiving special skin care.	20	18.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIAM L DAWSON NURSING CENTER

Street Address: 3500 S GILES	**City and State:** CHICAGO IL 60653

Participation: MEDICAID SNF/ICF	**# of Beds:** 245	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 238	**Medicare Residents:** 0	**Medicaid Residents:** 228

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	159	66.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	142	59.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	119	50.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	59.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	119	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	3.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	14.3	33.8	37.7
Completely bedfast residents.	1	0.4	3.2	3.4
Residents confined to chairs.	97	40.8	48.4	50.8
Residents requiring restraints.	59	24.8	35.7	41.3
Confused or disoriented residents.	126	52.9	53.7	58.4
Residents with bed sores.	16	6.7	8.0	7.1
Residents receiving special skin care.	106	44.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILSON CARE INC

Street Address: 4544 N HAZEL ST	**City and State:** CHICAGO IL 60640

Participation: MEDICAID ICF	**# of Beds:** 188	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 186	**Medicare Residents:** 0	**Medicaid Residents:** 177

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	11.8	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	20	10.8	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	3	1.6	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	7.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	13	7.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	6	3.2	49.8	55.8
Residents with bed sores.	1	0.5	4.0	4.7
Residents receiving special skin care.	6	3.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINCREST NURSING HOME

Street Address: 6326 N WINTHROP		**City and State:** CHICAGO IL 60660	
Participation: MEDICAID ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	26.6	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	35	44.3	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	17	21.5	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	25.3	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	19.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	6.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	17	21.5	27.6	39.1
Residents requiring restraints.	13	16.5	23.4	31.7
Confused or disoriented residents.	15	19.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINSTON MANOR CONV NURSING HOME INC

Street Address: 2155 W PIERCE ST		**City and State:** CHICAGO IL 60622	
Participation: MEDICAID ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
173	0	160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	44.5	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	82	47.4	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	64	37.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	31.8	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	35.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	15	8.7	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	18.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	37	21.4	27.6	39.1
Residents requiring restraints.	21	12.1	23.4	31.7
Confused or disoriented residents.	65	37.6	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	43	24.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHICAGO RIDGE NURSING HOME

Street Address: 10602 SOUTHWEST HWY		**City and State:** CHICAGO RIDGE IL 60415	
Participation: MEDICAID SNF/ICF	**# of Beds:** 231	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 220	**Medicare Residents:** 0	**Medicaid Residents:** 172

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	72.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	160	72.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	148	67.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	69.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	56.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	92	41.8	33.8	37.7
Completely bedfast residents.	22	10.0	3.2	3.4
Residents confined to chairs.	134	60.9	48.4	50.8
Residents requiring restraints.	86	39.1	35.7	41.3
Confused or disoriented residents.	138	62.7	53.7	58.4
Residents with bed sores.	19	8.6	8.0	7.1
Residents receiving special skin care.	51	23.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKHILL SKILLED NURSING FACILITY

Street Address: 1028 HILLCREST DR	**City and State:** CHILLICOTHE IL 61523

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 113	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	61.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	68	66.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	59.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	60.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	61.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	35	34.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	33.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	71	69.6	48.4	50.8
Residents requiring restraints.	53	52.0	35.7	41.3
Confused or disoriented residents.	49	48.0	53.7	58.4
Residents with bed sores.	2	2.0	8.0	7.1
Residents receiving special skin care.	1	1.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT MEADOWS CHRISTIAN VILLAGE

Street Address: 400 W WASHINGTON		**City and State:** CHRISMAN IL 61924	
Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	61.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	73	76.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	68	70.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	81.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	72.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	4.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	29.2	33.8	37.7
Completely bedfast residents.	4	4.2	3.2	3.4
Residents confined to chairs.	47	49.0	48.4	50.8
Residents requiring restraints.	47	49.0	35.7	41.3
Confused or disoriented residents.	66	68.8	53.7	58.4
Residents with bed sores.	3	3.1	8.0	7.1
Residents receiving special skin care.	59	61.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTSHIRE RETIREMENT & HLTHCARE CTR

Street Address: 5825 W CERMAK RD	**City and State:** CICERO IL 60650

Participation: MEDICAID SNF/ICF	**# of Beds:** 485	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 452	**Medicare Residents:** 0	**Medicaid Residents:** 346

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	225	49.8	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	202	44.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	230	50.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	186	41.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	207	45.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	83	18.4	33.8	37.7
Completely bedfast residents.	1	0.2	3.2	3.4
Residents confined to chairs.	156	34.5	48.4	50.8
Residents requiring restraints.	89	19.7	35.7	41.3
Confused or disoriented residents.	180	39.8	53.7	58.4
Residents with bed sores.	35	7.7	8.0	7.1
Residents receiving special skin care.	45	10.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CISNE MANOR

Street Address: BOX 370 WATKINS STREET	**City and State:** CISNE IL 62823

Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	60.0	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	14	46.7	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	11	36.7	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	36.7	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	50.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	8	26.7	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	30.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	10	33.3	27.6	39.1
Residents requiring restraints.	4	13.3	23.4	31.7
Confused or disoriented residents.	18	60.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	4	13.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
A MERKLE C KNIPPRATH NH

Street Address: RR 1 PO BOX 7A	**City and State:** CLIFTON IL 60927

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	70	71.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	50.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	55.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	51.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	33	33.7	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	19.4	19.4	29.3
Completely bedfast residents.	1	1.0	0.7	3.6
Residents confined to chairs.	32	32.7	27.6	39.1
Residents requiring restraints.	32	32.7	23.4	31.7
Confused or disoriented residents.	26	26.5	49.8	55.8
Residents with bed sores.	9	9.2	4.0	4.7
Residents receiving special skin care.	27	27.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW NURSING CENTER

Street Address: ROUTE #3, BOX 293		**City and State:** CLINTON IL 61727	
Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	80.9	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	70	74.5	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	55	58.5	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	59.6	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	50.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	22.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	17	18.1	27.6	39.1
Residents requiring restraints.	32	34.0	23.4	31.7
Confused or disoriented residents.	33	35.1	49.8	55.8
Residents with bed sores.	4	4.3	4.0	4.7
Residents receiving special skin care.	37	39.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEWITT COUNTY NURSING HOME

Street Address: RR#1, BOX 336		**City and State:** CLINTON IL 61727	
Participation: MEDICAID ICF	**# of Beds:** 85	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	25.0	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	25	44.6	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	19	33.9	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	33.9	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	25.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	7.1	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	16	28.6	27.6	39.1
Residents requiring restraints.	8	14.3	23.4	31.7
Confused or disoriented residents.	12	21.4	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	24	42.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK GLEN HOME

Street Address: 11210 95TH ST	**City and State:** COAL VALLEY IL 61240

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 285	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 219	**Medicare Residents:** 5	**Medicaid Residents:** 160

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	171	78.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	158	72.1	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	150	68.5	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	63.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	158	72.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	2.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	26.9	33.8	37.7
Completely bedfast residents.	1	0.5	3.2	3.4
Residents confined to chairs.	133	60.7	48.4	50.8
Residents requiring restraints.	59	26.9	35.7	41.3
Confused or disoriented residents.	112	51.1	53.7	58.4
Residents with bed sores.	13	5.9	8.0	7.1
Residents receiving special skin care.	45	20.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE TERRACE

Street Address: P. O. BOX 22038		**City and State:** COBDEN IL 62920	
Participation: MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
66	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	69.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	46	69.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	39	59.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	54.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	47.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	17	25.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	25.8	33.8	37.7
Completely bedfast residents.	3	4.5	3.2	3.4
Residents confined to chairs.	36	54.5	48.4	50.8
Residents requiring restraints.	17	25.8	35.7	41.3
Confused or disoriented residents.	34	51.5	53.7	58.4
Residents with bed sores.	5	7.6	8.0	7.1
Residents receiving special skin care.	29	43.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLCHESTER NURSING CENTER

Street Address: 222 NORTH HUN	**City and State:** COLCHESTER IL 62326

Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	77.1	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	38	79.2	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	32	66.7	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	64.6	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	62.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	7	14.6	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	29.2	19.4	29.3
Completely bedfast residents.	1	2.1	0.7	3.6
Residents confined to chairs.	13	27.1	27.6	39.1
Residents requiring restraints.	15	31.3	23.4	31.7
Confused or disoriented residents.	18	37.5	49.8	55.8
Residents with bed sores.	4	8.3	4.0	4.7
Residents receiving special skin care.	12	25.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCTAVIA MANOR INC

Street Address: 402 S HARRISON	**City and State:** COLFAX IL 61728

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	94.1	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	41	80.4	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	38	74.5	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	68.6	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	68.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	15.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	33	64.7	27.6	39.1
Residents requiring restraints.	22	43.1	23.4	31.7
Confused or disoriented residents.	45	88.2	49.8	55.8
Residents with bed sores.	3	5.9	4.0	4.7
Residents receiving special skin care.	9	17.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT REST NURSING HOME

Street Address: 614 NORTH SUMMIT		**City and State:** COLLINSVILLE IL 62234	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	72.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	102	86.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	89	75.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	66.9	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	66.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	20.3	33.8	37.7
Completely bedfast residents.	4	3.4	3.2	3.4
Residents confined to chairs.	62	52.5	48.4	50.8
Residents requiring restraints.	24	20.3	35.7	41.3
Confused or disoriented residents.	50	42.4	53.7	58.4
Residents with bed sores.	5	4.2	8.0	7.1
Residents receiving special skin care.	24	20.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CREAL SPRINGS NURSING HOME

Street Address: SOUTH LINE ST	**City and State:** CREAL SPRINGS IL 62922

Participation: MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	80.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	72	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	50	69.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	75.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	76.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	40.3	33.8	37.7
Completely bedfast residents.	5	6.9	3.2	3.4
Residents confined to chairs.	49	68.1	48.4	50.8
Residents requiring restraints.	30	41.7	35.7	41.3
Confused or disoriented residents.	26	36.1	53.7	58.4
Residents with bed sores.	2	2.8	8.0	7.1
Residents receiving special skin care.	72	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD HEIGHTS NURSING CENTER

Street Address: 14255 SOUTH CICERO		**City and State:** CRESTWOOD IL 60445	
Participation: MEDICAID SNF/ICF	**# of Beds:** 324	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
306	0	236

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	164	53.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	235	76.8	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	190	62.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	57.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	163	53.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	10	3.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	22.9	33.8	37.7
Completely bedfast residents.	39	12.7	3.2	3.4
Residents confined to chairs.	93	30.4	48.4	50.8
Residents requiring restraints.	54	17.6	35.7	41.3
Confused or disoriented residents.	141	46.1	53.7	58.4
Residents with bed sores.	14	4.6	8.0	7.1
Residents receiving special skin care.	79	25.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD TERRACE

Street Address: 13301 SOUTH CENTRAL AVENUE		**City and State:** CRESTWOOD IL 60445	
Participation: MEDICAID ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	75	61.5	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	59	48.4	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	33	27.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	100	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	22.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	27	22.1	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	10.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	1	0.8	23.4	31.7
Confused or disoriented residents.	47	38.5	49.8	55.8
Residents with bed sores.	1	0.8	4.0	4.7
Residents receiving special skin care.	27	22.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRYSTAL PINES NURSING HOME

Street Address: 335 N ILLINOIS ST	**City and State:** CRYSTAL LAKE IL 60014

Participation: MEDICARE SNF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	88.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	71	88.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	71	88.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	76.2	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	88.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	41.2	33.8	37.7
Completely bedfast residents.	1	1.2	3.2	3.4
Residents confined to chairs.	48	60.0	48.4	50.8
Residents requiring restraints.	48	60.0	35.7	41.3
Confused or disoriented residents.	58	72.5	53.7	58.4
Residents with bed sores.	5	6.3	8.0	7.1
Residents receiving special skin care.	7	8.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE CLAYBERG NURSING CENTER

Street Address: EAST MONROE ST		**City and State:** CUBA IL 61427	
Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	91.7	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	45	93.8	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	39	81.3	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	81.3	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	64.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	3	6.3	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	45.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	35	72.9	27.6	39.1
Residents requiring restraints.	33	68.8	23.4	31.7
Confused or disoriented residents.	36	75.0	49.8	55.8
Residents with bed sores.	3	6.3	4.0	4.7
Residents receiving special skin care.	26	54.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRAIRIEVIEW LUTHERAN HOME

Street Address: P O BOX 4	**City and State:** DANFORTH IL 60930

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	54.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	43	72.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	40	67.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	66.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	71.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	27.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	20	33.9	48.4	50.8
Residents requiring restraints.	19	32.2	35.7	41.3
Confused or disoriented residents.	27	45.8	53.7	58.4
Residents with bed sores.	5	8.5	8.0	7.1
Residents receiving special skin care.	1	1.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER

Street Address: 801 N LOGAN ST		**City and State:** DANVILLE IL 61832	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	4	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	69.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	88	93.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	87	92.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	55.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	23.4	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	39	41.5	48.4	50.8
Residents requiring restraints.	38	40.4	35.7	41.3
Confused or disoriented residents.	40	42.6	53.7	58.4
Residents with bed sores.	8	8.5	8.0	7.1
Residents receiving special skin care.	9	9.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR NURSING HOME

Street Address: 620 WARRINGTON AVE	**City and State:** DANVILLE IL 61832

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	72.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	43	78.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	42	76.4	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	85.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	67.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	14.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	34.5	33.8	37.7
Completely bedfast residents.	2	3.6	3.2	3.4
Residents confined to chairs.	16	29.1	48.4	50.8
Residents requiring restraints.	27	49.1	35.7	41.3
Confused or disoriented residents.	27	49.1	53.7	58.4
Residents with bed sores.	6	10.9	8.0	7.1
Residents receiving special skin care.	39	70.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DANVILLE CARE CENTER

Street Address: 1701 NORTH BOWMAN	**City and State:** DANVILLE IL 61832

Participation: MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 182	**Medicare Residents:** 0	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	73.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	132	72.5	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	111	61.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	61.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	64.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	29.7	33.8	37.7
Completely bedfast residents.	2	1.1	3.2	3.4
Residents confined to chairs.	104	57.1	48.4	50.8
Residents requiring restraints.	65	35.7	35.7	41.3
Confused or disoriented residents.	76	41.8	53.7	58.4
Residents with bed sores.	14	7.7	8.0	7.1
Residents receiving special skin care.	119	65.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DANVILLE MANOR

Street Address: 1215 HOLIDAY DR	**City and State:** DANVILLE IL 61832

Participation: MEDICAID ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	**Medicare Residents:** 0	**Medicaid Residents:** 4

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	0	0.0	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	1	20.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	1	20.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INTERNATIONAL NURSING HOME

Street Address: 207 SOUTH BUCHANAN	**City and State:** DANVILLE IL 61832

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	41.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	60.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	62.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	58.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	47.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	5	10.4	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	12	25.0	27.6	39.1
Residents requiring restraints.	20	41.7	23.4	31.7
Confused or disoriented residents.	25	52.1	49.8	55.8
Residents with bed sores.	1	2.1	4.0	4.7
Residents receiving special skin care.	16	33.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW MED CTR CONTINUING CARE CTR

Street Address: 812 NORTH LOGAN AVENUE	**City and State:** DANVILLE IL 61832

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 8	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	75.0	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	24	85.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	25	89.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	89.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	60.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	39.3	33.8	37.7
Completely bedfast residents.	3	10.7	3.2	3.4
Residents confined to chairs.	9	32.1	48.4	50.8
Residents requiring restraints.	14	50.0	35.7	41.3
Confused or disoriented residents.	13	46.4	53.7	58.4
Residents with bed sores.	3	10.7	8.0	7.1
Residents receiving special skin care.	16	57.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERMILION MANOR NURSING HOME

Street Address: RR1 BOX 13		**City and State:** DANVILLE IL 61832	
Participation: MEDICAID ICF	**# of Beds:** 249	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
243	0	157

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	188	77.4	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	192	79.0	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	169	69.5	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	161	66.3	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	155	63.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	13	5.3	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	76	31.3	19.4	29.3
Completely bedfast residents.	1	0.4	0.7	3.6
Residents confined to chairs.	183	75.3	27.6	39.1
Residents requiring restraints.	89	36.6	23.4	31.7
Confused or disoriented residents.	175	72.0	49.8	55.8
Residents with bed sores.	9	3.7	4.0	4.7
Residents receiving special skin care.	10	4.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEKALB COUNTY NURSING HOME

Street Address: 2331 SYCAMORE ROAD	**City and State:** DE KALB IL 60115

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 194	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 183	**Medicare Residents:** 2	**Medicaid Residents:** 108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	162	88.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	160	87.4	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	136	74.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	76.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	120	65.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	3.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	77	42.1	33.8	37.7
Completely bedfast residents.	1	0.5	3.2	3.4
Residents confined to chairs.	82	44.8	48.4	50.8
Residents requiring restraints.	103	56.3	35.7	41.3
Confused or disoriented residents.	97	53.0	53.7	58.4
Residents with bed sores.	20	10.9	8.0	7.1
Residents receiving special skin care.	136	74.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE ACRES RETIREMENT CENTER

Street Address: 1212 S 2ND ST	**City and State:** DE KALB IL 60115

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	48.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	80	84.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	74	77.9	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	78.9	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	76.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	68.4	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	60	63.2	48.4	50.8
Residents requiring restraints.	30	31.6	35.7	41.3
Confused or disoriented residents.	35	36.8	53.7	58.4
Residents with bed sores.	4	4.2	8.0	7.1
Residents receiving special skin care.	15	15.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICANA HEALTHCARE CENTER

Street Address: 444 W HARRISON ST	**City and State:** DECATUR IL 62526

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	78.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	64	81.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	53	67.1	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	65.8	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	48.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	26.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	23	29.1	48.4	50.8
Residents requiring restraints.	42	53.2	35.7	41.3
Confused or disoriented residents.	33	41.8	53.7	58.4
Residents with bed sores.	8	10.1	8.0	7.1
Residents receiving special skin care.	37	46.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DECATUR MEMORIAL HOSPITAL LTC UNIT

Street Address: 2300 NORTH EDWARD	**City and State:** DECATUR IL 62526

Participation: MEDICARE SNF	**# of Beds:** 54	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	98.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	36	66.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	36	66.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	66.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	63.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	42.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	30	55.6	48.4	50.8
Residents requiring restraints.	30	55.6	35.7	41.3
Confused or disoriented residents.	34	63.0	53.7	58.4
Residents with bed sores.	5	9.3	8.0	7.1
Residents receiving special skin care.	12	22.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIR HAVENS CHRISTIAN HOME

Street Address: 1790 S FAIRVIEW	**City and State:** DECATUR IL 62521

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 161	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	85.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	137	85.6	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	137	85.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	64.4	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	110	68.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	31.3	33.8	37.7
Completely bedfast residents.	3	1.9	3.2	3.4
Residents confined to chairs.	87	54.4	48.4	50.8
Residents requiring restraints.	47	29.4	35.7	41.3
Confused or disoriented residents.	91	56.9	53.7	58.4
Residents with bed sores.	9	5.6	8.0	7.1
Residents receiving special skin care.	23	14.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW NURSING CARE CENTER

Street Address: 136 S DIPPER LANE		**City and State:** DECATUR IL 62522	
Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	54.2	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	15	62.5	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	12	50.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	45.8	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	41.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	4.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	2	8.3	27.6	39.1
Residents requiring restraints.	7	29.2	23.4	31.7
Confused or disoriented residents.	12	50.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	6	25.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINCOLN MANOR NORTH

Street Address: 2650 N MONROE ST	**City and State:** DECATUR IL 62526

Participation: MEDICAID ICF	**# of Beds:** 136	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	59.2	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	74	56.9	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	69	53.1	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	60.8	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	40.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	37	28.5	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	16.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	21	16.2	27.6	39.1
Residents requiring restraints.	27	20.8	23.4	31.7
Confused or disoriented residents.	55	42.3	49.8	55.8
Residents with bed sores.	15	11.5	4.0	4.7
Residents receiving special skin care.	28	21.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MCKINLEY COURT

Street Address: 500 WEST MCKINLEY AVENUE	**City and State:** DECATUR IL 62526

Participation: MEDICAID ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	35.6	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	50	33.6	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	49	32.9	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	16.1	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	26.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	2.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	15	10.1	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	45	30.2	49.8	55.8
Residents with bed sores.	3	2.0	4.0	4.7
Residents receiving special skin care.	1	0.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONROE HOUSE

Street Address: 2530 N MONROE ST	**City and State:** DECATUR IL 62526

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 204	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 198	**Medicare Residents:** 0	**Medicaid Residents:** 169

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	142	71.7	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	172	86.9	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	145	73.2	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	198	100	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	152	76.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	106	53.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	125	63.1	33.8	37.7
Completely bedfast residents.	9	4.5	3.2	3.4
Residents confined to chairs.	116	58.6	48.4	50.8
Residents requiring restraints.	85	42.9	35.7	41.3
Confused or disoriented residents.	167	84.3	53.7	58.4
Residents with bed sores.	26	13.1	8.0	7.1
Residents receiving special skin care.	79	39.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK MANOR HEALTH CARE CENTER

Street Address: 438 W NORTH ST	**City and State:** DECATUR IL 62522

Participation: MEDICAID ICF	**# of Beds:** 131	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	37.9	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	90	72.6	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	62	50.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	84.7	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	60.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	1.6	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	16.1	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	25	20.2	27.6	39.1
Residents requiring restraints.	13	10.5	23.4	31.7
Confused or disoriented residents.	58	46.8	49.8	55.8
Residents with bed sores.	8	6.5	4.0	4.7
Residents receiving special skin care.	48	38.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERSHING ESTATES

Street Address: 1016 WEST PERSHING ROAD		**City and State:** DECATUR IL 62526	
Participation: MEDICAID ICF	**# of Beds:** 127	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	0	120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	29.6	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	81	64.8	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	0	0.0	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	22	17.6	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	8	6.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST MARYS HOSPITAL EXTENDED CARE UNIT

Street Address: 1800 E LAKE SHORE DRIVE		**City and State:** DECATUR IL 62525	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	100	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	35	100	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	30	85.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	85.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	54.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	22.9	33.8	37.7
Completely bedfast residents.	2	5.7	3.2	3.4
Residents confined to chairs.	9	25.7	48.4	50.8
Residents requiring restraints.	9	25.7	35.7	41.3
Confused or disoriented residents.	12	34.3	53.7	58.4
Residents with bed sores.	4	11.4	8.0	7.1
Residents receiving special skin care.	13	37.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALLARD NURSING CENTER

Street Address: 9300 BALLARD RD		**City and State:** DES PLAINES IL 60016	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 231	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 214	**Medicare Residents:** 1	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	51.4	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	148	69.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	134	62.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	63.1	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	132	61.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	34.6	33.8	37.7
Completely bedfast residents.	19	8.9	3.2	3.4
Residents confined to chairs.	112	52.3	48.4	50.8
Residents requiring restraints.	141	65.9	35.7	41.3
Confused or disoriented residents.	99	46.3	53.7	58.4
Residents with bed sores.	23	10.7	8.0	7.1
Residents receiving special skin care.	57	26.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLY FAMILY HEALTH CENTER

Street Address: 2380 DEMPSTER ST	**City and State:** DES PLAINES IL 60016

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 362	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 279	**Medicare Residents:** 4	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	247	88.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	224	80.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	210	75.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	213	76.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	204	73.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	103	36.9	33.8	37.7
Completely bedfast residents.	15	5.4	3.2	3.4
Residents confined to chairs.	196	70.3	48.4	50.8
Residents requiring restraints.	157	56.3	35.7	41.3
Confused or disoriented residents.	177	63.4	53.7	58.4
Residents with bed sores.	26	9.3	8.0	7.1
Residents receiving special skin care.	38	13.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEE MANOR

Street Address: 1301 LEE ST		**City and State:** DES PLAINES IL 60018	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 282	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
262	0	142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	212	80.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	192	73.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	164	62.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	63.7	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	175	66.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	30.9	33.8	37.7
Completely bedfast residents.	2	0.8	3.2	3.4
Residents confined to chairs.	146	55.7	48.4	50.8
Residents requiring restraints.	77	29.4	35.7	41.3
Confused or disoriented residents.	115	43.9	53.7	58.4
Residents with bed sores.	42	16.0	8.0	7.1
Residents receiving special skin care.	61	23.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAZARETHVILLE RET HOME

Street Address: 300 NORTH RIVER ROAD	**City and State:** DES PLAINES IL 60016

Participation: MEDICAID ICF	**# of Beds:** 83	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	100	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	63	94.0	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	45	67.2	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	59.7	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	70.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	11.9	19.4	29.3
Completely bedfast residents.	3	4.5	0.7	3.6
Residents confined to chairs.	39	58.2	27.6	39.1
Residents requiring restraints.	13	19.4	23.4	31.7
Confused or disoriented residents.	25	37.3	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	24	35.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKTON PAVILION, INC

Street Address: 1660 OAKTON PLACE	**City and State:** DES PLAINES IL 60018

Participation: MEDICAID SNF/ICF	**# of Beds:** 294	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 277	**Medicare Residents:** 0	**Medicaid Residents:** 115

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	255	92.1	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	203	73.3	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	207	74.7	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	216	78.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	193	69.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	89	32.1	33.8	37.7
Completely bedfast residents.	5	1.8	3.2	3.4
Residents confined to chairs.	176	63.5	48.4	50.8
Residents requiring restraints.	128	46.2	35.7	41.3
Confused or disoriented residents.	120	43.3	53.7	58.4
Residents with bed sores.	13	4.7	8.0	7.1
Residents receiving special skin care.	113	40.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

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